

A G E N D A

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

1333 Main Street, 5th Floor
Columbia, South Carolina 29201

October 25, 2010 – 10:30 a.m.

Commission Hearing Room A

BUSINESS MEETING

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| 1. | APPROVAL OF AGENDA OF BUSINESS MEETING
OF OCTOBER 25, 2010 | <i>CHAIRMAN BECK</i> |
| 2. | APPROVAL OF MINUTES OF BUSINESS MEETINGS
OF SEPTEMBER 20, 2010 (Tab 1) | <i>CHAIRMAN BECK</i> |
| 3. | GENERAL ANNOUNCEMENTS | <i>MR. CANNON</i> |
| 4. | APPLICATIONS FOR APPROVAL TO SELF-INSURE (Tab 2) | <i>MR. SMITH</i> |
| 5. | DEPARTMENT DIRECTORS' REPORTS

Administration – Financial Report (Tab 3)
Information Services (Tab 4)
Insurance & Medical Services (Tab 5)
Claims (Tab 6)
Judicial (Tab 7) | <i>MS. GANTT</i>
<i>MS. UNDERHILL</i>
<i>MR. McCUTCHEON</i>
<i>MR. LINE</i>
<i>MS. CROCKER</i> |
| 6. | EXECUTIVE DIRECTOR'S REPORT (Tab 8) | <i>MR. CANNON</i> |
| 7. | OLD BUSINESS
A. Advisory Committee (MSPM) Recommendations (Tab 9)) | <i>CHAIRMAN BECK</i> |
| 8. | NEW BUSINESS
A. Employee Performance Evaluation System Policy (Tab 10) | <i>CHAIRMAN BECK</i> |
| 9. | EXECUTIVE SESSION
A. Personnel Matter | <i>CHAIRMAN BECK</i> |
| 10. | ADJOURNMENT | <i>CHAIRMAN BECK</i> |

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THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
BUSINESS MEETING

Monday, September 20, 2010

A Business Meeting of the South Carolina Workers' Compensation Commission was held in Hearing Room A of the Workers' Compensation Commission on Monday, September 20, 2010 at 10:30 a.m. The meeting agenda was posted prior to the meeting and proper advance notice was made to all concerned parties in adherence with the Freedom of Information Act. The following Commissioners were present at the meeting:

T. SCOTT BECK, INTERIM CHAIRMAN
SUSAN S. BARDEN, VICE CHAIR
DAVID W. HUFFSTETLER, COMMISSIONER
G. BRYAN LYNDON, COMMISSIONER
ANDREA C. ROCHE, COMMISSIONER
AVERY B. WILKERSON, JR., COMMISSIONER
DERRICK L. WILLIAMS, COMMISSIONER

Present also were Gary M. Cannon, Executive Director; Betsy Hartman, DSIT; Greg Line, Claims Director; Al McCutcheon, Director of Insurance and Medical Services; Virginia Crocker, Judicial Department Director; W.C. Smith, Self-Insurance Director; Amanda Underhill, Senior Application Analyst; Diana Gantt, Accounting/Fiscal Manager; and Cathy Floyd, Human Resources Manager. Visitors present were Latonya D. Edwards, Mike Harris, Pete Calamas, and Eddie Gun, South Carolina Second Injury Fund; Clara Smith and Kenny Harrell, South Carolina Injured Workers' Advocates; and Jeff Griffith, One Call.

Chairman Beck called the meeting to order at 10:42 a.m.

AGENDA

Commissioner Barden moved that the September 20, 2010 agenda be approved. Commissioner Williams seconded the motion, and the motion was approved.

APPROVAL OF MINUTES - BUSINESS MEETING OF AUGUST 16, 2010

Commissioner Roche moved that the minutes of the Business Meeting of August 16, 2010 be approved. Commissioner Williams seconded the motion, and the motion was approved.

APPROVAL OF MINUTES - CALLED BUSINESS MEETING OF AUGUST 23, 2010

Commissioner Wilkerson moved that the minutes of the Called Business Meeting of August 23, 2010 be approved. Commissioner Roche seconded the motion, and the motion was approved.

GENERAL ANNOUNCEMENTS

There were no general announcements.

APPLICATIONS FOR APPROVAL TO SELF-INSURE

Self-insurance applications were presented by W.C. Smith, Self-Insurance Director. Fourteen (14) prospective members of two (2) funds were presented to the Commission for approval. The applications were:

Palmetto Timber Fund

J. Taylor Logging
Massey Logging Inc.
Wildwood Logging, LLC

SC Home Builders SIF

Custom Home Builders, LLC
Deluxe Vinyl Siding
D.L. Remodeling
Joseph G. Ormes
MGF Construction, LLC
Pete's Trim & Remodeling
Proffitt Custom Homes, Inc.
Rodney Cato Construction, LLC
Steve Yoder
Southern Framing
Willard Enterprises

After examination of the applications, it was determined that each complied with the Commission's requirements and each was recommended for approval. Commissioner Roche made the motion to approve the applications to self-insure and Commissioner Wilkerson seconded the motion. The motion was unanimously approved.

DIVISION DIRECTORS' REPORTS

The Division Directors presented their reports which were also submitted to the Commission in written form.

Administration Department

Diana Gantt presented the financial report for the one-month period ending August 2010. August is the 2nd fiscal month of FY 2011. There are no unusual activities to report for the month of August.

Information Services

Betsy Hartman presented the Information Services Department's report. The percent of time devoted to an issue has been added to the IT Projects Status Report. New computer installments will begin Tuesday, September 21, for Commissioners and their Administrative Assistants.

Ms. Hartman reported that the Image on Image pilot project will begin this month with Commissioner Huffstetler and his assistant, Kellie Lindler. A no-cost Adobe Pro software workshop is scheduled for Tuesday, September 21, and most of the Administrative Assistants are attending.

Insurance & Medical Services

Al McCutcheon presented the Insurance and Medical Services Department's report. He reported a decrease in Compliance and Coverage fine assessments for the months of July and August 2010 when compared to the monthly averages for the previous fiscal year. This is primarily due to having a vacant Compliance Officer position for the months of April – June 2010 and the hiring of a new Compliance Officer effective July 1. The Compliance Officers began creating their own X-files in Progress, which has slowed productivity. Assistance from IT has been requested to automate the X-file creation process.

Mr. McCutcheon reported FY 2010 Coverage fine assessments averaged \$47,125/month. Thus far in FY 2011, the average is \$19,000/month. This is due to the implementation of the new POC Release 2.1 Coverage Reporting System. The new system has different edits that have reduced the number of fines assessed, including fines for late renewals. Another benefit of the new reporting system is that fines waived have been reduced 80%.

Claims Department

Greg Line presented the Claims Department's report. He provided the following information in response to Commissioner Williams' question from the August 16 Full Commission meeting about any increase in the number of workers' compensation claims filed since the increase in unemployment rate.

Fiscal Year	Number of Claims filed with the Commission
2004-2005	28,454
2005-2006	28,760
2006-2007	27,309
2007-2008	26,449
2008-2009	24,438
2009-2010	23,633

Mr. Line reported the total number of claims filed for FY 2009-2010 is down 18% from last year. The following table shows the most dramatic decrease was in the number of minor accidents reported, which dropped 27% from last year:

	FY 08-09	FY 09-10	% decrease
TOTAL	71,973	58,753	18%
12 A filed with SCWCC	24,575	23,686	4%
12M Minor Medical	45,660	33,492	27%
Reopened	1,738	1,575	9%

Judicial Department

Virginia Crocker presented the Judicial Department's reports for August and September, which included a new chart listing staff mileage/hours on Informal Conferences & Mediations.

EXECUTIVE DIRECTOR'S REPORT

Mr. Cannon reported on the following items:

Ethics Training

The three hours required ethics and APA training for the Commissioners and Administrative Assistants is scheduled for Tuesday, November 16, 2010 from 1:30 p.m. to 4:30 p.m. in Hearing Room A. Greg Adams, Professor at USC School of Law, and Cathy Hazelwood, Deputy Director and General Counsel for the SC Ethics Commission, will be conducting the session.

Fines and Assessments Aging Report

The attached Fines and Assessments Aging Report reflects the number and amount of fines assessed for the two month period in FY 2010-2011.

Personnel Recruitment

John Boyce, Claims Examiner II, Claims Department, resigned his position effective September 17. The position was posted on the SC Jobs website. The recruitment period was September 10-15 and 115+ applications were received.

Vacant Positions

The FY 2010-2011 State Budget contains a Proviso (80A.7) which states, "In the event any permanent position remains vacant for more than twelve months, the position may be deleted by the Budget and Control Board." The seven positions affected were:

<u>Position</u>	<u>Department</u>
Administrative Coordinator I	Administration
Program Coordinator II	Insurance & Medical Services
Administrative Assistant	Insurance & Medical Services
Executive Assistant II	Executive Director
Administrative Assistant	Judicial
Attorney III	Legal
Unclassified (Deputy Commissioner)	Claims

Mr. Cannon said in order to comply with the proviso and not lose the positions, the positions were administratively reclassified and seven employees were transferred into the vacant positions at the same classification and pay band. The only change was the employee's position number. The remaining vacant positions were transferred into a "vacancy pool" for the future.

Employee Meetings

The agency All Employee meeting was held on August 19.

Four employees participated in the employee focus group with the Executive Director on August 25.

Claims Administration Workshop

Two claims Administration Workshops were conducted on September 16. Originally one workshop was scheduled from 8:30 a.m. to 12:30 p.m., and was limited to 40 participants. The response to the morning session was overwhelming and it was decided to add an afternoon session from 1:00 p.m. – 5:00 p.m. There were a total of 44 participants in the morning session, and 36 in the afternoon session.

FY2011-2012 Budget Plan

The FY 2011-2012 Budget Plan was submitted to the Office of State Budget on September 3. The amount of Agency Recurring Base Appropriations is the same level as FY 2010-2011: State - \$1,919,955; Federal - \$0; and Other - \$3,100,000.

FY2009-2010 Accountability Report

The FY 2009-2010 Accountability Report was submitted on the due date of September 15. Mr. Cannon distributed a copy of the report to the Commissioners, and the report will be posted on the website.

Constituent Services/Public Information

During the previous 30 days the Executive Director's Office conducted one meeting with a service provider, 64 telephone communications, and 80 electronic contacts with claimants or constituents, state agencies, federal agencies, congressional offices, attorneys, service providers, or business partners and prepared three FOIA requests.

OLD BUSINESS

A. Hearing Cost Assessment – Informal Conference Hearing Assessment

Mr. Cannon reported that the verification of the financial information used to calculate the cost of the assessment is not complete and requested this item be tabled until the October 25 Business Meeting.

Commissioner Wilkerson made the motion to approve the request and Commissioner Roche seconded the motion. The motion was approved.

B. Budget Amendment – Software Purchase

Mr. Cannon presented a recommendation to utilize \$4,656 of the Computer Services Account to purchase the Adobe pdf software upgrade, Adobe Pro version. Twenty licenses are requested for the following: the Commissioners and their administrative assistants (14); two for Judicial Staff; three for IT Staff and one for Administrative Assistant to the Executive Director. This software will allow the Commissioners to apply their electronic signature to a Consent Order in pdf format.

Commissioner Huffstetler made a motion to approve the recommendation.

Commissioner Williams seconded the motion, and the motion was unanimously approved.

NEW BUSINESS

A. Schedule Public Hearing for Change to R67-405C(1)

Mr. Cannon presented a recommendation to approve November 29, 2010 at 10:00 a.m. as the date and time for the Public Hearing. On September 28, 2009 the Commission approved the publication of the Notice to Drafting of a change to Regulation 67-405C(1). The change will reduce the notice to cancel a workers' compensation policy for non-payment of premium from 30 days to 10 days to coincide with Section 38-75-730(a)(1)(b) of the SC Code of Laws.

Commissioner Wilkerson made a motion to approve the recommendation. Commissioner Barden seconded the motion, and the motion was unanimously approved. Commissioner Wilkerson requested that Mr. Cannon send a reminder to the Commissioners the first of November about the Public Hearing.

EXECUTIVE SESSION

Commissioner Wilkerson moved to adjourn into Executive Session to discuss a legal matter and a personnel matter. Commissioner Williams seconded the motion. The Commission adjourned into Executive Session at 11:05 a.m.

[EXECUTIVE SESSION]

Commissioner Huffstetler made a motion to arise from Executive Session. Commissioner Roche seconded the motion and the motion was approved. The Commission arose from Executive Session at 11:40 a.m. Upon arising from Executive Session, Chairman Beck stated there was discussion with no action taken.

ADJOURNMENT

Commissioner Wilkerson made the motion to adjourn. Commissioner Lyndon seconded the motion and the motion was approved.

The September 20, 2010 meeting of the South Carolina Workers' Compensation Commission adjourned at 11:40.

Reported September 22, 2010
Kim Ballentine, Office of the Executive Director

INTEROFFICE MEMORANDUM

TO: GARY CANNON, EXECUTIVE DIRECTOR
FROM: DIANA GANTT, DIRECTOR OF ADMINISTRATION
SUBJECT: FINANCIAL REPORT PERIOD ENDING SEPTEMBER 30, 2010
DATE: 10/20/2010

The finance report for the one month period ending September, 2010, is attached.

- September is the 3rd Fiscal Month of FY11.
- There were no uncommon payouts in the month of September.
- We are right at or below our benchmark for September.
- Key figures for the Administration Department during the month of September:

SCEIS Shopping Carts	0	State Reports filed by Procurement Officer	6
Vendors Contacted for Price Quotes	7	Files Copied for Outside Parties	258
Visa Procurement Card Orders Placed	5	Payments made (Vendors, Travel, Other State Agencies)	7
SC Dept of Corrections Orders Placed	2	HR transactions processed through OHR	0
Staples Orders Placed	5	HR transactions processed in SCEIS	4
State Leased Vehicles taken for Service	3	See attached Mail Summary	

South Carolina Workers' Compensation Commission
Summary of Revenues and Expenditures
2010 - 2011 Budget
September 30, 2010

	Budget	FY To Date	Benchmark	25.00%
STATE APPROPRIATIONS				
General Appropriation	<u>\$ 1,919,955</u>	<u>\$ 479,989</u>		25.00%

Account Description	Appropriation	Expenditure	Balance	% Expended
Personal Services	\$ 1,471,636	\$ 367,419	\$ 1,104,217	25.0%
Other Operating Expenses	-	-	-	0.0%
Employer Contribution	448,319	125,074	323,245	27.9%
Total	<u>\$ 1,919,955</u>	<u>\$ 492,493</u>	<u>\$ 1,427,462</u>	<u>25.7%</u>

OTHER APPROPRIATIONS

EARMARKED

	Budgeted Revenues	Received thru 09/30/10	% Received
Training Conference Registration Fee	\$ 1,000	\$ 2,430	243.00%
Sale of Publication and Brochures	8,000	12,225	152.81%
Workers' Comp Award Review Fee	75,000	20,700	27.60%
Sale of Photocopies	95,000	29,275	30.82%
Workers' Compensation Filing Violation Fee	1,891,000	679,704	35.94%
Sale of Listings and Labels	30,000	20,251	67.50%
Workers' Comp Hearing Fee	600,000	158,200	26.37%
Earmarked Funds - Original Authorization	<u>\$ 2,700,000</u>	<u>\$ 922,785</u>	<u>34.18%</u>
BD100 to Increase Authorization - July 2010	356,315		
BD100 to Increase Authorization - July 2010 (PC's)	62,500		
Total Earmarked Revenues + Fund Balance	<u>\$ 3,118,815</u>		

Account Description	Appropriation	Expenditure	Balance	% Expended
Personal Services	\$ 1,249,153	\$ 312,582	\$ 936,571	25.0%
Taxable Subsistence	80,000	17,920	62,080	22.4%
Other Operating Expenses	1,414,662	306,263	1,108,399	21.6%
Employer Contribution	375,000	127,688	247,312	34.1%
Total Earmarked	<u>\$ 3,118,815</u>	<u>\$ 764,454</u>	<u>\$ 2,354,361</u>	<u>24.5%</u>

COMPUTER FUNDS CARRIED FORWARD \$ 54,761

Computer Services - Carry forward	<u>\$ 54,761</u>	<u>\$ 1,580</u>	<u>\$ 53,181</u>	<u>2.9%</u>
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TOTAL OTHER APPROPRIATIONS	<u>\$ 3,228,337</u>	<u>\$ 766,034</u>	<u>\$ 2,407,542</u>	<u>23.7%</u>
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South Carolina Workers' Compensation Commission

2010 - 2011 Budget

September 30, 2010

Consolidated

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 25%				
				Expended September	Year to Date	%	Encumb	Balance
Commissioners								
Salaries	\$ 1,150,244	\$ -	\$ 1,150,244	\$ 97,589	\$ 285,481	25%	\$ -	\$ 864,763
Other Operating Expenditures								
Total Contractual Services	247,935	-	247,935	21,794	40,234	16%	-	207,701
Total Supplies & Materials	36,313	-	36,313	1,771	4,209	12%	-	32,104
Total Fixed Charges	159,652	-	159,652	11,524	37,859	24%	-	121,793
Total Travel	87,650	-	87,650	8,663	15,042	17%	-	72,608
Total Other Operating Exp	531,550	-	531,550	43,752	97,344	18%	-	434,206
Total Commissioners	\$ 1,681,794	\$ -	\$ 1,681,794	\$ 141,341	\$ 382,825	23%	\$ -	\$ 1,298,969
Administration								
Salaries	\$ 444,858	\$ -	\$ 444,858	\$ 37,073	\$ 113,181	25%	\$ -	\$ 331,677
Other Operating Expenditures								
Total Contractual Services	254,874	-	254,874	20,703	38,525	15%	-	216,349
Total Supplies & Materials	25,889	-	25,889	1,290	4,373	17%	-	21,516
Total Fixed Charges	135,749	-	135,749	8,684	30,972	23%	-	104,777
Total Travel	12,521	-	12,521	877	1,911	15%	-	10,610
Total Equipment	35,000	-	35,000	-	-	0%	30,165	4,835
Total Other Operating Exp	464,033	-	464,033	31,554	75,781	16%	30,165	358,087
Total Administration	\$ 908,891	\$ -	\$ 908,891	\$ 68,627	\$ 188,962	21%	\$ 30,165	\$ 689,764
Claims								
Salaries	\$ 361,417	\$ -	\$ 361,417	\$ 31,110	\$ 88,356	24%	\$ -	\$ 273,061
Other Operating Expenditures								
Total Contractual Services	47,405	-	47,405	6,663	15,601	33%	-	31,804
Total Supplies & Materials	22,138	-	22,138	2,127	7,927	36%	-	14,211
Total Fixed Charges	78,689	-	78,689	5,716	18,164	23%	-	60,525
Total Travel	1,750	-	1,750	215	633	36%	-	1,117
Total Other Operating Exp	149,982	-	149,982	14,721	42,325	28%	-	107,657
Total Claims	\$ 511,399	\$ -	\$ 511,399	\$ 45,831	\$ 130,681	26%	\$ -	\$ 380,718
Insurance and Medical Services								
Salaries	\$ 460,408	\$ -	\$ 460,408	\$ 37,958	\$ 115,338	25%	\$ -	\$ 345,070
Other Operating Expenditures								
Total Contractual Services	37,701	-	37,701	5,178	13,173	35%	-	24,528
Total Supplies & Materials	33,500	-	33,500	1,482	3,242	10%	-	30,258
Total Fixed Charges	62,220	-	62,220	4,348	15,095	24%	-	47,125
Total Travel	258	-	258	153	205	79%	-	53
Total Other Operating Exp	133,679	-	133,679	11,161	31,715	24%	-	101,964
Total Insurance and Medical Services	\$ 594,087	\$ -	\$ 594,087	\$ 49,119	\$ 147,053	25%	\$ -	\$ 447,034
Judicial								
Salaries	\$ 383,862	\$ -	\$ 383,862	\$ 31,920	\$ 95,565	25%	\$ -	\$ 288,297
Other Operating Expenditures								
Total Contractual Services	43,078	-	43,078	4,241	8,078	19%	-	35,000
Total Supplies & Materials	22,024	-	22,024	1,538	4,046	18%	-	17,978
Total Fixed Charges	66,966	-	66,966	4,969	16,232	24%	-	50,734
Total Travel	3,350	-	3,350	119	577	17%	-	2,773
Total Other Operating Exp	135,418	-	135,418	10,867	28,933	21%	-	106,485
Total Judicial	\$ 519,280	\$ -	\$ 519,280	\$ 42,787	\$ 124,498	24%	\$ -	\$ 394,782
Totals By Departments								
Department Totals								
Commissioners	\$ 1,681,794	\$ -	\$ 1,681,794	\$ 141,341	\$ 382,825	23%	\$ -	\$ 1,298,969
Administration	908,891	-	908,891	68,627	188,962	21%	30,165	689,764
Claims	511,399	-	511,399	45,831	130,681	26%	-	380,718
Insurance & Medical	594,087	-	594,087	49,119	147,053	25%	-	447,034
Judicial	519,280	-	519,280	42,787	124,498	24%	-	394,782
Total Departmental Expend	\$ 4,215,451	\$ -	\$ 4,215,451	\$ 347,705	\$ 974,019	23%	\$ 30,165	\$ 3,211,267
Employer Contributions	823,319	-	823,319	91,158	252,762	31%	-	570,557
Total General & Earmarked Funds	\$ 5,038,770	\$ -	\$ 5,038,770	\$ 438,863	\$ 1,226,782	24%	\$ 30,165	\$ 3,781,823

South Carolina Workers' Compensation Commission
2010 - 2011 Budget
September 30, 2010

General Appropriation

	Year-To-Date : 25%							
	Original Budget	Budget Amendments	Amended Budget	Expended September	Year to Date to Date	%	Encumb	Balance
Commissioners								
Salaries								
Chairman	\$ 115,567	\$ -	\$ 115,567	\$ 9,231	\$ 28,055	24%	\$ -	\$ 87,512
Commissioner	664,602	-	664,602	55,783	166,987	25%	-	497,615
Classified Employees	290,075	-	290,075	24,173	72,519	25%	-	217,556
Total Commissioners	1,070,244	-	1,070,244	89,187	267,561	25%	-	802,683
Administration								
Salaries								
Director	\$ 94,152	\$ -	\$ 94,152	\$ 7,846	\$ 23,538	25%	\$ -	\$ 70,614
Classified Positions	132,206	-	132,206	11,448	30,607	23%	-	101,599
Total Administration	226,358	-	226,358	19,294	54,145	24%	-	172,213
Claims								
Salaries								
Classified Positions	\$ 55,417	\$ -	\$ 55,417	\$ 5,583	\$ 15,785	28%	\$ -	\$ 39,632
Total Claims	55,417	-	55,417	5,583	15,785	28%	-	39,632
Insurance and Medical Services								
Salaries								
Classified Positions	\$ 57,755	\$ -	\$ 57,755	\$ 4,821	\$ 14,463	25%	\$ -	\$ 43,292
Total Ins and Medical Svcs	57,755	-	57,755	4,821	14,463	25%	-	43,292
Judicial								
Salaries								
Classified Positions	\$ 61,862	\$ -	\$ 61,862	\$ 5,155	\$ 15,465	25%	\$ -	\$ 46,397
Total Judicial	61,862	-	61,862	5,155	15,465	25%	-	46,397
General Funds								
Department Totals								
Commissioners	\$ 1,070,244	\$ -	\$ 1,070,244	\$ 89,187	\$ 267,561	25%	\$ -	\$ 802,683
Administration	226,358	-	226,358	19,294	54,145	24%	-	172,213
Claims	55,417	-	55,417	5,583	15,785	28%	-	39,632
Insurance & Medical	57,755	-	57,755	4,821	14,463	25%	-	43,292
Judicial	61,862	-	61,862	5,155	15,465	25%	-	46,397
Total Departmental Expend	\$ 1,471,636	\$ -	\$ 1,471,636	\$ 124,040	\$ 367,419	25%	\$ -	\$ 1,104,217
Employer Contributions	448,319	-	448,319	35,310	125,074	28%	-	323,245
Total General Fund Appropriations	\$ 1,919,955	\$ -	\$ 1,919,955	\$ 159,350	\$ 492,493	26%	\$ -	\$ 1,427,462

South Carolina Workers' Compensation Commission
2010 - 2011 Budget
September 30, 2010

Earmarked Funds

	Year-To-Date : 25%							
	Original Budget	Budget Amendments	Amended Budget	Expended September	Year to Date	%	Encumb	Balance
Commissioners								
Salaries								
Taxable Subsistence	\$ 80,000	\$ -	\$ 80,000	\$ 8,402	\$ 17,920	22%	\$ -	\$ 62,080
Total Salaries	80,000	-	80,000	8,402	17,920	22%	-	62,080
Other Operating Expenditures								
Contractual Services								
Office Equipment Service	700	-	700	-	-	0%	-	700
Copying Equipment Service	200	-	200	-	-	0%	-	200
Print/Bind/Advertisement	510	-	510	510	510	100%	-	-
Print Pub Annual Reports	28	-	28	-	-	0%	-	28
Data Processing Services	68,535	-	68,535	4,608	9,179	13%	-	59,356
Freight Express Delivery	490	-	490	-	-	0%	-	490
Telephone	4,500	-	4,500	521	952	21%	-	3,548
Cellular Phone Service	12,000	-	12,000	785	1,570	13%	-	10,430
Legal Services/Attorney Fees	160,000	-	160,000	15,370	27,960	17%	-	132,040
Other Professional Services	972	-	972	-	63	6%	-	909
Total Contractual Services	247,935	-	247,935	21,794	40,234	16%	-	207,701
Supplies & Materials								
Office Supplies	8,500	-	8,500	201	507	6%	-	7,993
Copying Equipment	2,714	-	2,714	447	530	20%	-	2,184
Printing	1,750	-	1,750	-	-	0%	-	1,750
Data Processing Supplies	649	-	649	-	-	0%	-	649
Postage	21,500	-	21,500	1,105	3,117	14%	-	18,383
Communication Supplies	50	-	50	-	-	0%	-	50
Maint/Janitorial Supplies	75	-	75	18	55	73%	-	20
Gasoline	100	-	100	-	-	0%	-	100
Other Supplies	975	-	975	-	-	0%	-	975
Total Supplies & Materials	36,313	-	36,313	1,771	4,209	12%	-	32,104
Fixed Charges								
Rental-Cont Rent Payment	4,800	-	4,800	405	656	14%	-	4,144
Rent-Non State Owned Property	149,750	-	149,750	11,119	33,358	22%	-	116,392
Rent-Other	250	-	250	-	212	85%	-	38
Insurance-State	3,633	-	3,633	-	3,633	100%	-	-
Insurance-Non State	169	-	169	-	-	0%	-	169
Fees & Fines	50	-	50	-	-	0%	-	50
Equipment Maintenance	1,000	-	1,000	-	-	0%	-	1,000
Total Fixed Charges	159,652	-	159,652	11,524	37,859	24%	-	121,793
Travel (Includes Leased Car)								
In State - Meals (Non-Reportable)	650	-	650	95	121	19%	-	529
In State - Auto Mileage	10,000	-	10,000	1,446	2,736	27%	-	7,264
In State - Subsistence Allowance	25,000	-	25,000	3,600	5,040	20%	-	19,960
Out State - Meals	500	-	500	-	16	3%	-	484
Out State - Auto Mileage	1,500	-	1,500	-	167	11%	-	1,333
Leased Car	50,000	-	50,000	3,522	6,962	14%	-	43,038
Total Travel	87,650	-	87,650	8,663	15,042	17%	-	72,608
Total Other Operating Expenditures	531,550	-	531,550	43,752	97,344	18%	-	434,206
Total Commissioners	\$ 611,550	\$ -	\$ 611,550	\$ 52,154	\$ 115,264	19%	\$ -	\$ 496,286

South Carolina Workers' Compensation Commission

2010 - 2011 Budget

September 30, 2010

Earmarked Funds

	Year-To-Date : 25%							
	Original Budget	Budget Amendments	Amended Budget	Expended September	Year to Date	%	Encumb	Balance
Administration								
Salaries								
Classified Positions	\$ 214,000	\$ -	\$ 214,000	\$ 17,160	\$ 56,321	26%	\$ -	\$ 157,679
Temporary Employees	3,500	-	3,500	619	1,880	54%	-	1,620
Terminal Leave	1,000	-	1,000	-	835	84%	-	165
Total Salaries	218,500	-	218,500	17,779	59,036	27%	-	159,464
Other Operating Expenditures								
Contractual Services								
Office Equipment Service	4,904	-	4,904	-	3,613	74%	-	1,291
Copying Equipment Service	2,000	-	2,000	-	-	0%	-	2,000
Print/Bind/Advertisement	4,650	-	4,650	404	404	9%	-	4,246
Print Pub Annual Reports	22	-	22	-	-	0%	-	22
Data Processing Services	181,658	-	181,658	15,737	26,188	14%	-	155,470
Freight Express Delivery	15,500	-	15,500	57	62	0%	-	15,438
Telephone	4,493	-	4,493	373	800	18%	-	3,693
Cellular Phone Service	1,925	-	1,925	146	292	15%	-	1,633
Education & Training Services	1,000	-	1,000	-	-	0%	-	1,000
Attorney Fees	34,947	-	34,947	3,177	6,207	18%	-	28,740
General Repair	230	-	230	-	-	0%	-	230
Audit Acct Finance	100	-	100	-	100	100%	-	-
Catered Meals	1,000	-	1,000	364	364	36%	-	636
Other Professional Services	2,000	-	2,000	-	50	3%	-	1,950
Other Contractual Services	445	-	445	445	445	100%	-	-
Total Contractual Services	254,874	-	254,874	20,703	38,525	15%	-	216,349
Supplies & Materials								
Office Supplies	9,743	-	9,743	358	1,290	13%	-	8,453
Subscriptions	175	-	175	-	-	0%	-	175
Copying Equipment Supplies	3,934	-	3,934	354	539	14%	-	3,395
Printing	1,964	-	1,964	-	52	3%	-	1,912
Data Processing Supplies	2,075	-	2,075	-	47	2%	-	2,028
Postage	7,100	-	7,100	563	2,376	33%	-	4,724
Maint/Janitorial Supplies	98	-	98	15	44	45%	-	54
Fees & Fines	25	-	25	-	25	100%	-	-
Gasoline	36	-	36	-	-	0%	-	36
Promotional Supplies	75	-	75	-	-	0%	-	75
Employee Recog Award	564	-	564	-	-	0%	-	564
Other Supplies	100	-	100	-	-	0%	-	100
Total Supplies & Materials	25,889	-	25,889	1,290	4,373	17%	-	21,516
Fixed Charges								
Rental-Cont Rent Payment	5,979	-	5,979	330	675	11%	-	5,304
Rent-Non State Owned Property	107,101	-	107,101	7,195	21,585	20%	-	85,516
Rent-Other	225	-	225	108	188	83%	-	37
Insurance-State	7,490	-	7,490	-	6,091	81%	-	1,400
Insurance-Non State	134	-	134	-	-	0%	-	134
Dues and Memberships	3,985	-	3,985	-	-	0%	-	3,985
Fees and Fines	25	-	25	-	-	0%	-	25
Equipment Maintenance	1,000	-	1,000	-	-	0%	-	1,000
Equipment Data (Non-Capitalized)	124	-	124	-	-	0%	-	124
Sales Tax Paid	9,686	-	9,686	1,051	2,434	25%	-	7,252
Total Fixed Charges	135,749	-	135,749	8,684	30,972	23%	-	104,777
Travel (Includes Leased Car)								
In State - Meals Non-Reportable	21	-	21	-	-	0%	-	21
In State - Registration Fees	-	-	-	-	-	0%	-	-
Leased Car	12,500	-	12,500	877	1,911	15%	-	10,589
Total Travel	12,521	-	12,521	877	1,911	15%	-	10,610
Equipment								
Equipment Data Processing- PC's	35,000	-	35,000	-	-	0%	30,165	4,835
Total Equipment	35,000	-	35,000	-	-	0%	30,165	4,835
Total Other Operating Expenditures	464,033	-	464,033	31,554	75,781	16%	30,165	358,087
Total Administration	\$ 682,533	\$ -	\$ 682,533	\$ 49,333	\$ 134,817	20%	\$ 30,165	\$ 517,551

South Carolina Workers' Compensation Commission
2010 - 2011 Budget
September 30, 2010

Earmarked Funds

	Year-To-Date : 25%							
	Original Budget	Budget Amendments	Amended Budget	Expended September	Year to Date	%	Encumb	Balance
Claims								
Salaries								
Classified Positions	\$ 301,000	\$ -	\$ 301,000	\$ 24,726	\$ 67,415	22%	\$ -	\$ 233,585
Temporary Positions	4,000	-	4,000	801	4,574	114%	-	(574)
Terminal Leave	1,000	-	1,000	-	582	58%	-	418
Total Salaries	306,000	-	306,000	25,527	72,571	24%	-	233,429
Other Operating Expenditures								
Contractual Services								
Office Equipment Services	200	-	200	-	90	45%	-	110
Print / Bind / Adv	750	-	750	404	404	54%	-	346
Print Pub Annual Reports	22	-	22	-	-	0%	-	22
Data Processing Services	26,933	-	26,933	3,739	7,645	28%	-	19,288
Freight Express Delivery	500	-	500	-	-	0%	-	500
Telephone	3,000	-	3,000	223	696	23%	-	2,304
Temporary Services	13,000	-	13,000	2,297	6,766	52%	-	6,234
Other Professional Services	3,000	-	3,000	-	-	0%	-	3,000
Total Contractual Services	47,405	-	47,405	6,663	15,601	33%	-	31,804
Supplies & Materials								
Office Supplies	3,913	-	3,913	220	3,957	101%	-	(44)
Copying Equipment	2,000	-	2,000	354	354	18%	-	1,646
Printing	2,000	-	2,000	-	-	0%	-	2,000
Data Processing Supplies	75	-	75	-	53	71%	-	22
Postage	14,000	-	14,000	1,538	3,519	25%	-	10,481
Maint/Janitorial Supplies	50	-	50	15	44	88%	-	6
Other Supplies	100	-	100	-	-	0%	-	100
Total Supplies & Materials	22,138	-	22,138	2,127	7,927	36%	-	14,211
Fixed Charges								
Rental-Cont Rent Payment	2,500	-	2,500	156	275	11%	-	2,225
Rent-Non State Owned Property	73,750	-	73,750	5,560	16,679	23%	-	57,071
Rent-Other	225	-	225	-	213	95%	-	12
Insurance-State	1,080	-	1,080	-	997	92%	-	83
Insurance-Non State	134	-	134	-	-	0%	-	134
Equipment Maintenance	1,000	-	1,000	-	-	0%	-	1,000
Total Fixed Charges	78,689	-	78,689	5,716	18,164	23%	-	60,525
Travel (Includes Leased Car)								
In State - Meals (Non-Reportable)	300	-	300	63	150	50%	-	150
In State - Lodging	500	-	500	152	398	80%	-	102
In State - Auto Mileage	600	-	600	-	72	12%	-	528
Reportable Meals	100	-	100	-	13	13%	-	87
Leased Car	250	-	250	-	-	0%	-	250
Total Travel	1,750	-	1,750	215	633	36%	-	1,117
Total Other Operating Expenditures	149,982	-	149,982	14,721	42,325	28%	-	107,657
Total Claims	\$ 455,982	\$ -	\$ 455,982	\$ 40,248	\$ 114,896	25%	\$ -	\$ 341,086

South Carolina Workers' Compensation Commission
2010 - 2011 Budget
September 30, 2010

Earmarked Funds

	Year-To-Date : 25%							
	Original Budget	Budget Amendments	Amended Budget	Expended September	Year to Date	%	Encumb	Balance
Insurance and Medical Services								
Salaries								
Classified Positions	\$ 383,000	\$ -	\$ 383,000	\$ 31,886	\$ 92,486	24%	\$ -	\$ 290,514
Temporary Employees	15,018	-	15,018	1,251	8,389	56%	-	6,629
Special Contractual Employee	4,635	-	4,635	-	-	0%	-	4,635
Total Salaries	402,653	-	402,653	33,137	100,875	25%	-	301,778
Other Operating Expenditures								
Contractual Services								
Office Equipment Service	200	-	200	-	-	0%	-	200
Copying Equipment Service	1,000	-	1,000	-	-	0%	-	1,000
Print/Bind/Advertisement	3,400	-	3,400	446	446	13%	-	2,954
Print Pub Annual Report	24	-	24	-	-	0%	-	24
Data Processing Services	24,864	-	24,864	4,065	11,476	46%	-	13,388
Telephone	2,626	-	2,626	232	551	21%	-	2,075
Other Professional Services	2,387	-	2,387	435	700	29%	-	1,687
Other Contractual Services	3,200	-	3,200	-	-	0%	-	3,200
Total Contractual Services	37,701	-	37,701	5,178	13,173	35%	-	24,528
Supplies & Materials								
Office Supplies	6,000	-	6,000	440	181	3%	-	5,819
Copying Equipment	3,000	-	3,000	391	391	13%	-	2,609
Printing	1,500	-	1,500	-	104	7%	-	1,396
Data Processing Supplies	1,000	-	1,000	-	-	0%	-	1,000
Postage	21,825	-	21,825	635	2,518	12%	-	19,307
Maintenance/Janitorial Supplies	75	-	75	16	48	64%	-	27
Other Supplies	100	-	100	-	-	0%	-	100
Total Supplies & Materials	33,500	-	33,500	1,482	3,242	10%	-	30,258
Fixed Charges								
Rental-Cont Rent Payment	2,104	-	2,104	177	429	20%	-	1,675
Rent-Non State Owned Property	56,400	-	56,400	3,924	11,773	21%	-	44,627
Rent-Other	225	-	225	-	213	95%	-	12
Insurance-State	1,101	-	1,101	-	1,018	92%	-	83
Insurance-Non State	148	-	148	-	-	0%	-	148
Equipment Maintenance	942	-	942	-	-	0%	-	942
Sales Tax Paid	1,300	-	1,300	247	1,662	128%	-	(362)
Total Fixed Charges	62,220	-	62,220	4,348	15,095	24%	-	47,125
Travel (Includes Leased Car)								
In State - Meals (Non-Reportable)	50	-	50	50	88	176%	-	(38)
Reportable Meals	50	-	50	7	21	42%	-	29
In State - Lodging	158	-	158	96	96	61%	-	62
Total Travel	258	-	258	153	205	79%	-	53
Total Other Operating Expenditures	133,679	-	133,679	11,161	31,715	24%	-	101,964
Total Insurance and Medical Services	\$ 536,332	\$ -	\$ 536,332	\$ 44,298	\$ 132,590	25%	\$ -	\$ 403,742

South Carolina Workers' Compensation Commission

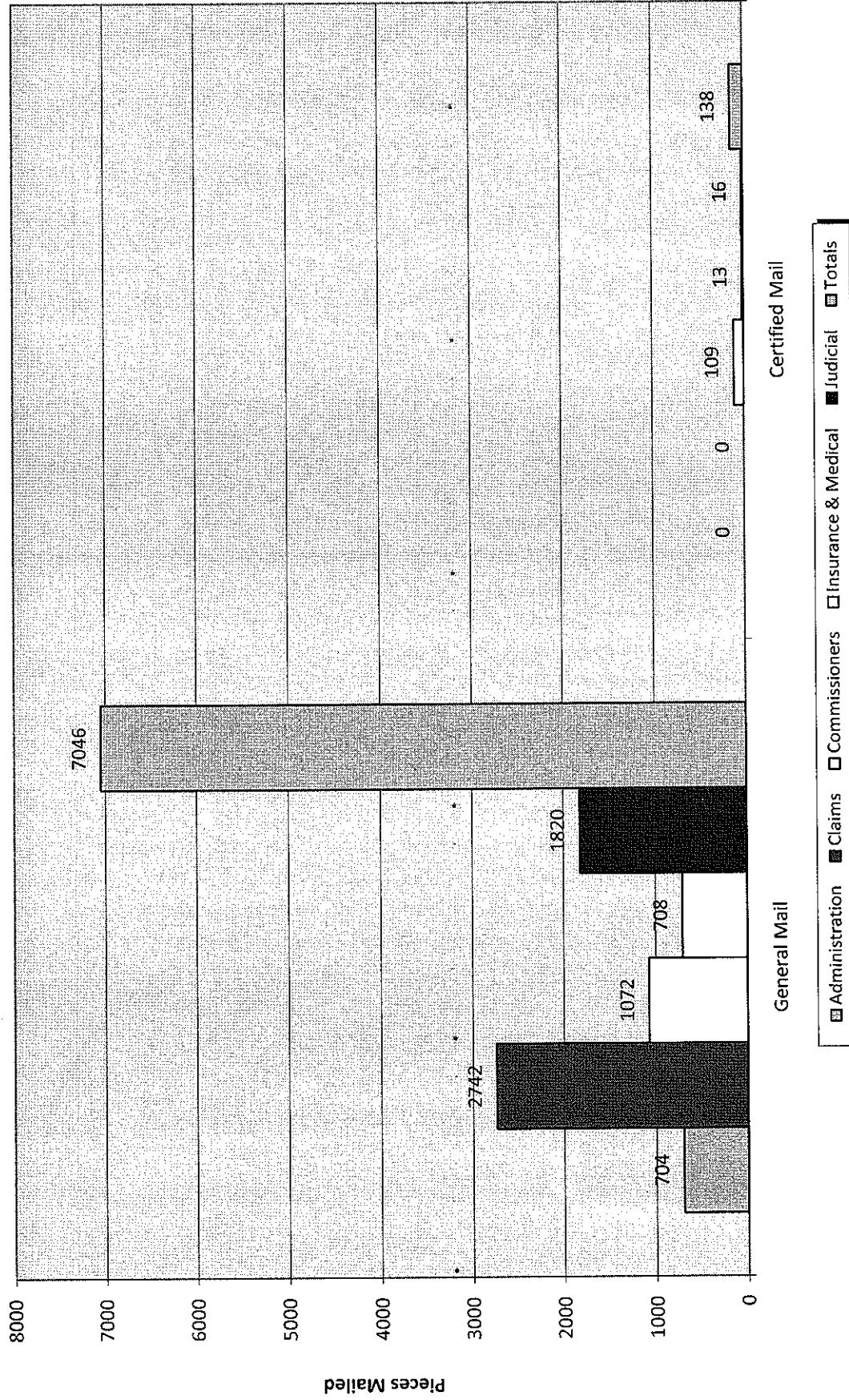
2010 - 2011 Budget

September 30, 2010

Earmarked Funds

	Year-To-Date : 25%							
	Original Budget	Budget Amendments	Amended Budget	Expended September	Year to Date	%	Encumb	Balance
Judicial								
Salaries								
Classified Positions	\$ 322,000	\$ -	\$ 322,000	\$ 26,765	\$ 80,100	25%	\$ -	\$ 241,900
Total Salaries	322,000	-	322,000	26,765	80,100	25%	-	241,900
Other Operating Expenditures								
Contractual Services								
Office Equipment Services	180	-	180	-	-	0%	-	180
Print/Bind/Advertisement	500	-	500	361	361	72%	-	139
Print Pub Annual Reports	20	-	20	-	-	0%	-	20
Data Processing Services	37,803	-	37,803	3,588	7,119	19%	-	30,684
Freight Express Delivery	150	-	150	-	-	0%	-	150
Telephone	3,000	-	3,000	199	412	14%	-	2,588
Cellular Phone Service	1,225	-	1,225	93	186	15%	-	1,039
Other Professional Services	200	-	200	-	-	0%	-	200
Total Contractual Services	43,078	-	43,078	4,241	8,078	19%	-	35,000
Supplies & Materials								
Office Supplies	4,775	-	4,775	195	443	9%	-	4,332
Copying Equipment Supplies	1,949	-	1,949	316	330	17%	-	1,619
Printing	2,500	-	2,500	-	-	0%	-	2,500
Data Processing Supplies	75	-	75	-	-	0%	-	75
Postage	12,580	-	12,580	1,014	3,247	26%	-	9,333
Maintenance/Janitorial Supplies	50	-	50	13	26	52%	-	24
Promotional Supplies	20	-	20	-	-	0%	-	20
Other Supplies	75	-	75	-	-	0%	-	75
Total Supplies & Materials	22,024	-	22,024	1,538	4,046	18%	-	17,978
Fixed Charges								
Rental-Cont Rent Payment	1,750	-	1,750	63	119	7%	-	1,631
Rent-Non State Owned Property	63,750	-	63,750	4,906	14,717	23%	-	49,033
Rent-Other	225	-	225	-	213	95%	-	12
Insurance-State	1,121	-	1,121	-	1,183	106%	-	(62)
Insurance-Non State	120	-	120	-	-	0%	-	120
Total Fixed Charges	66,966	-	66,966	4,969	16,232	24%	-	50,734
Travel (Includes Leased Car)								
In State - Meals / Non-Reportable	250	-	250	-	-	0%	-	250
Reportable Meals	100	-	100	13	66	66%	-	34
In State - Lodging	400	-	400	-	-	0%	-	400
In State - Auto Mileage	2,200	-	2,200	106	511	23%	-	1,689
In State - Misc Travel Expense	100	-	100	-	-	0%	-	100
Out State - Auto Mileage	300	-	300	-	-	0%	-	300
Total Travel	3,350	-	3,350	119	577	17%	-	2,773
Total Other Operating Expenditures	135,418	-	135,418	10,867	28,933	21%	-	106,485
Total Judicial	\$ 457,418	\$ -	\$ 457,418	\$ 37,632	\$ 109,033	24%	\$ -	\$ 348,385
Earmarked Funds								
Department Totals								
Commissioners	\$ 611,550	\$ -	\$ 611,550	\$ 52,154	\$ 115,264	19%	\$ -	\$ 496,286
Administration	682,533	-	682,533	49,333	134,817	20%	30,165	517,551
Claims	455,982	-	455,982	40,248	114,896	25%	-	341,086
Insurance & Medical	536,332	-	536,332	44,298	132,590	25%	-	403,742
Judicial	457,418	-	457,418	37,632	109,033	24%	-	348,385
Total Departmental Expend	\$ 2,743,815	\$ -	\$ 2,743,815	\$ 223,666	\$ 606,600	22%	\$ 30,165	\$ 2,107,050
Employer Contributions	375,000	-	375,000	55,848	127,688	34%	-	247,312
Total Earmarked Funds	\$ 3,118,815	\$ -	\$ 3,118,815	\$ 279,513	\$ 734,289	24%	\$ 30,165	\$ 2,354,361
Capital / Computer Project Carryforward	\$ 54,761	\$ -	\$ 54,761	\$ -	\$ 1,580	3%	\$ -	\$ 53,181

Mail Totals for September (General & Certified)



WCC IT Projects Status Report

Period		October		Status Key:		Not Started		Timing	
Projects									
#	Key Projects	Sub Project	Regulation	Due Date	% of completion	% of time devoted to issue	Lead	Issues / Comments	
3	Phase II - Progress EDI/eCase	TPA's - attached to claim not carrier code modifications		November 2010					
	eCase Enhancements	Attorney add feature		November 2010					
3	Phase II - Claims EDI			December 2010					
4c	Electronic Service Initiatives	Electronic Service Initiatives- Appeal Notices	67-213	August 2010					
4d		Electronic Service Initiatives IC Notices	67-213	August 2010					
4e		Electronic Service Initiatives Fine Orders Template	67-213	July 2010	25%	10%	closing	AA's have not requested new templates. Will continue with existing - close this request	
4f		Electronic Service Initiatives Administrative Orders Template	67-213	July 2010	25%	10%	closing	AA's have not requested new templates. Will continue with existing - close this request	
4g		Electronic Service Initiatives Consent Orders	67-213	November 2010				Will begin after Consent orders	
4h		Electronic Service Initiatives Clinchers	67-213	TBD	0%	0%			
4i		Electronic Service Initiatives Fee Petitions	67-213	TBD	0%	0%			
4j		Electronic Service Initiatives - Receipt of electronic pleadings	67-211	January 2012	0%	0%			
4k		Electronic receipt of any form or document	67-205	January 2012	0%	0%			

WCC IT Projects Status Report

Period	October	Status Key: Not Started	Timing
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#	Key Projects	Sub Project	Regulation	Due Date	% of completion	% of time devoted to issue	Lead	Issues / Comments
41		12 M Revamp of current Minor Medical Reporting from Carriers	67-412	January 2012	0%	0%		

Priority	Maintenance issue	Project	Start date	Estimated completion	% complete	% of time devoted to issue	Assigned to	Status
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POLICY	EDU/COVERABLE	DATES	%	PLANES
NCCI issue relating to changes to key fields, such as FEIN's has been identified by NCCI 2 and has not been evaluated by WCC	EDI Coverage	August	10%	Duane
3 Modification to F18 functions in Progress	Progress	June	0%	Duane
4 New Face Sheet Template	K Love	June	0%	Duane
Self Insured PDF generated and pushed to website	Coverage	June	5%	Betsy
6 New report for tracking eService compliance	eService	tbd	0%	Duane
FOIA report requests, general issues and 7 questions from Coverage, claims and Judicial	all departments	ongoing	10%	Duane
1 Add warning on closed file with Jar	Judicial		0%	Amanda
FOIA report requests, general issues and 2 questions from Coverage, claims and Judicial	all departments	ongoing	10%	Amanda

#	Project	Sub Project	Due Date	% of completion	% of time devoted to issue	Assigned to	Status
2	PC/laptop purchase	Refresh	8/30/2010	95	20%	Betsy	waiting on 3 upgraded laptops - delivery quoted as 11/5/2010
3	Work Flow		TBD	0%	0%	Garv/Betsy	

WCC IT Benchmarks and Metrics Worksheet

Period Ending: October

#	Key Projects	Regulation	Stage	Months	Weight%	% complete	Due Date	Actual Date	Assigned to	Issues / Comments
3	Phase II - Progress EDI/eCase	eCase	eCase	Attorneys Carriers	33%	33%	11/1/2009 11/1/2009	11/1/2009 11/1/2009	Duane Duane	implemented implemented
				TPA	33%	28%	10/30/2010		IT Staff	coding is complete and ready in QA. Working with Claims and Coverage to set up Focus Group with TPS's for late October.
3	Phase II - Progress EDI/eCase	eCase	Enhancement - Attorney Add		100%	90%	10/30/2010		IT Staff and Judicial	Code is complete and ready in QA. Working with Judicial to show staff and set up a Focus Group for input from Attorneys prior to going live.
5	Phase II - Claims EDI		Rollout list	Dec-10					Duane Amanda	deploy one carrier at a time. Need roll out list and implementation steps.
6b	Electronic Service Initiatives- Appeal Notices	67-213	Review Process	began 4/7/10	25%	25%	8/30/2010	6/30/2010	Amanda Amanda Duane	Notices printed in batch; different process from hearing notices. More complex programming
			Revise Template		25%	25%	8/30/2010	6/30/2010		finalizing testing and implementation in Production to be complete 10/1/2010
			Development - Bravepoint Training / Implementation		25%	25%	8/30/2010 10/1/2010	9/3/2010 10/5/2010	BravePoint staff/BravePoint	
6b	Electronic Service Initiatives IC Notices	67-213	Review Process		25%	25%	8/30/2010		Amanda Amanda Duane	Notices printed in batch; different process from
			Revise Template		25%	25%	8/30/2010	9/23/2010		
			Development - Bravepoint		25%	25%		9/3/2010	BravePoint	complete
			Training / Implementation		25%	25%	10/1/2010	10/5/2010	Amanda	finalizing testing and move to production slated for 10/1/2010 or sooner
6c	Electronic Service Initiatives Fine Orders Template	67-213	Develop Template Training / Implementation		50%	25%	8/30/2010	Closed		AA's have not requested new templates. Will continue with existing - close this request
					50%					
6d	Electronic Service Initiatives Administrative Orders Template	67-213	Develop Template Training / Implementation		50%	25%		Closed		AA's have not requested new templates. Will continue with existing - close this request
					50%					
6e	Electronic Service Initiatives Consent Orders	67-213	Demo and Procure software		5%	3%	7/15/2010	8/4/2010	Betsy/Amanda	Waiting on approval to purchase

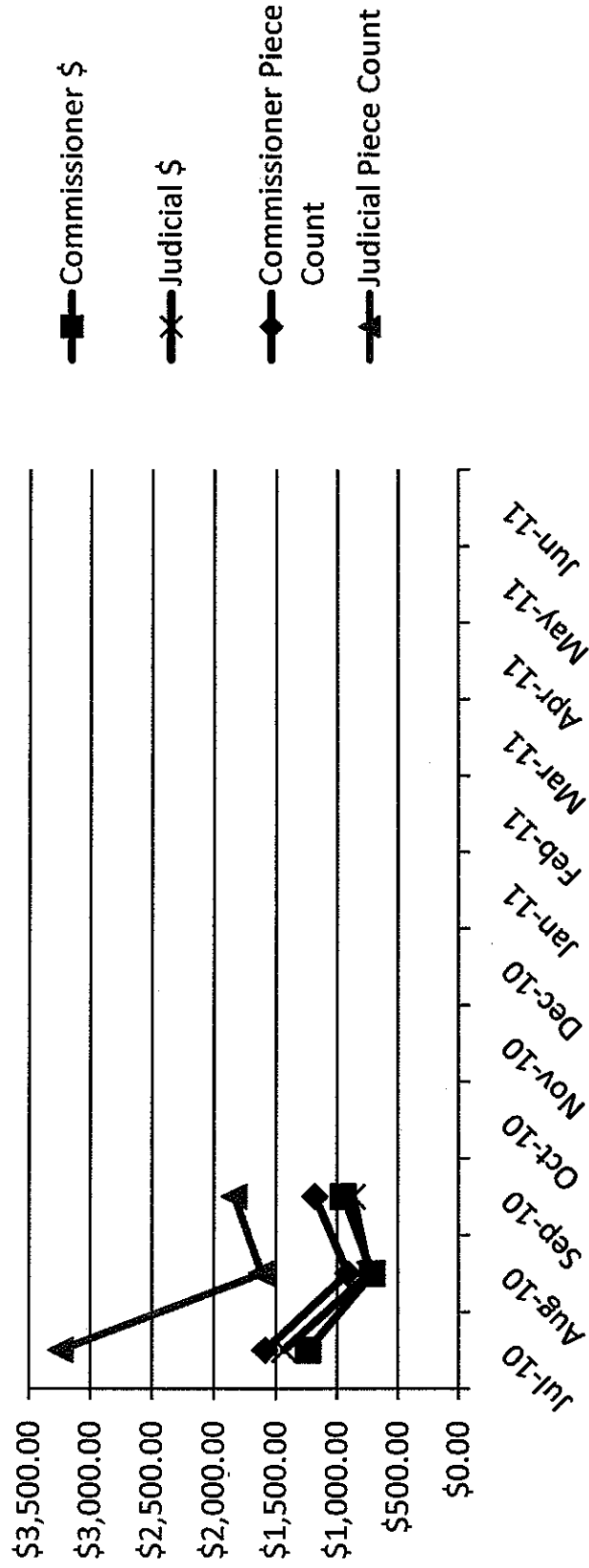
WCC IT Benchmarks and Metrics Worksheet

Period Ending:		October
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October

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Mail Cost and Piece Count for Commissioners and Judicial



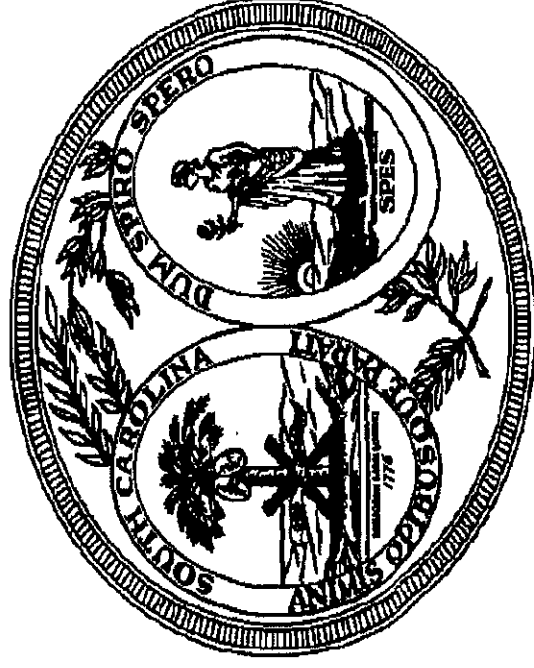
	July	August	September	October	November	December	January	February	March	April	May	June	2010-2011
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	11	6	14	31
SELF INSURANCE				
New Self-Insurers Approved				
Self Insurance Tax Collected	\$35,282	\$147,818	\$1,647,285	\$1,830,385
COMPLIANCE				
Cases Active at Beginning of Period	422	600	754	
Cases Initiated	203	203	140	546
Cases Closed	25	49	222	296
Cases Active at End of Period	600	754	672	
Total Fines Assessed	\$49,965	\$63,553	\$112,292	\$225,810
- Employer wage / coverage screening	\$30,050	\$23,715	\$25,140	\$78,905
- Underlying claim / uninsured employer	\$19,915	\$36,188	\$87,152	\$143,255
- Random Investigation	\$0	\$3,650	\$0	\$3,650
Total Fines Collected	\$15,975	\$20,704	\$27,075	\$63,754
- Employer wage / coverage screening	\$14,175	\$13,634	\$17,435	\$45,244
- Underlying claim / uninsured employer	\$1,800	\$7,070	\$9,640	\$18,510
- Random Investigation	\$0	\$0	\$0	\$0
Fines Waived/Rescinded/Uncollectable	\$25,770	\$77,180	\$43,411	\$146,361
- Waived	\$8,370	\$13,775	\$5,520	\$27,665
- Rescinded	\$17,400	\$63,405	\$37,891	\$118,696
- Uncollectable	\$0	\$0	\$0	\$0
COVERAGE & ACCIDENT RPTG				
Employers Withdrawing From the Act	1	1	3	5
Coverage Fines Assessed	\$18,400	\$19,600	\$4,400	\$42,400
Coverage Fines Collected	\$67,795	\$21,600	\$18,500	\$107,895
Coverage Fines Waived	\$1,000	\$2,400	\$1,604	\$5,004
Number of 12As Filed EDI	1,762	1,747	1,689	5,198
Number of 12As Filed Manually	336	458	376	1,170
Total Number of WCC Files Created	2,098	2,205	2,065	6,368
Number of Fatalities Filed on 12As	7	9	4	20
MEDICAL SERVICES				
Bills Pending at Beginning of Period	76	93	59	258
Bills Received	83	90	85	292
Bills to be Reviewed	159	183	144	
Bills Reviewed this Month	66	124	102	
Bills Pending at End of Period	93	59	42	

[illegible]

[illegible]

SCWCC Judicial Report



October 2010

Month	Forms 50, 52, 54, 53, 55			Form 15 Section III			Motions Requested			Clincher Conf. Requested			Informal Conf. Requested			Mediations Conducted			Form 30			FC Orders Served			Single Comm. Hearings Held			D&O Served		
	2050	1705	851	9	13	273	268	1281	1148	13	144	75	107	471	442															
Jul-10	692	527	283	1	4	86	93	436	170	6	50	27	22	138	125															
Aug-10	723	627	319	6	5	103	87	491	567	0	51	23	46	153	155															
Sep-10	635	551	249	2	4	84	88	354	411	7	43	25	39	180	162															
Oct-10																														
Nov-10																														
Dec-10																														
Jan-11																														
Feb-11																														
Mar-11																														
Apr-11																														
May-11																														
Jun-11																														
Totals FY 2010-2011	2050	1705	851	9	13	273	268	1281	1148	13	144	75	107	471	442															

Month	Forms 50, 52, 54, 53, 55			Form 15 Section III			Motions Requested			Clincher Conf. Requested			Informal Conf. Requested			Mediations Conducted			Form 30			FC Orders Served			Single Comm. Hearings Held			D&O Served		
	2050	1705	851	9	13	273	268	1281	1148	13	144	75	107	471	442															
Jul-10	692	527	283	1	4	86	93	436	170	6	50	27	22	138	125															
Aug-10	723	627	319	6	5	103	87	491	567	0	51	23	46	153	155															
Sep-10	635	551	249	2	4	84	88	354	411	7	43	25	39	180	162															
Oct-10																														
Nov-10																														
Dec-10																														
Jan-11																														
Feb-11																														
Mar-11																														
Apr-11																														
May-11																														
Jun-11																														
Totals FY 2010-2011	2050	1705	851	9	13	273	268	1281	1148	13	144	75	107	471	442															

Pleadings Assigned

Month	District 1	District 2	District 3	District 4	District 5	District 6	District 7
Jul-10	93	111	118	169	146	114	140
Aug-10	121	106	113	193	138	109	132
Sep-10	111	85	105	130	115	103	163
Oct-10							
Nov-10							
Dec-10							
Jan-11							
Feb-11							
Mar-11							
Apr-11							
May-11							
Jun-11							
Totals	325	302	336	492	399	326	435
FY 2010-2011							

Informal Conference & Mediations

Staff	Mileage/Hours	2010												Total
		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	
Staff 1	Greg	SVM	368.00	332.00	205.00									905.00
		PVM	213.00	0.00	172.00									385.00
		Time	43.00	47.00	69.50									159.50
		Hotel	0.00	115.06	214.67									329.73
Staff 2	Ginger	SVM	162.00	262.00	0.00									424.00
		PVM	501.00	320.00	776.00									1597.00
		Time	35.00	51.00	59.00									145.00
		Hotel	0.00	0.00	0.00									0.00
Mediations		SVM	0.00	0.00	0.00									0.00
		PVM	116.00	0.00	0.00									116.00
		Time	33.00	0.00	0.00									33.00
		Hotel	0.00	0.00	0.00									0.00
Staff 3	John	SVM	192.00	456.00	339.00									987.00
		PVM	4.00	0.00	0.00									4.00
		Time	16.75	49.00	24.15									89.90
		Hotel	0.00	155.26	0.00									155.26
Staff 4	Garry	SVM	130.00	182.00	163.00									475.00
		PVM	0.00	0.00	0.00									0.00
		Time	4.00	24.00	48.45									76.45
		Hotel	0.00	0.00	198.00									198.00
Staff 5	Kelly	SVM	0.00	0.00	0.00									0.00
		PVM	45.00	92.60	92.60									230.20
		Time	20.45	34.45	25.50									80.40
		Hotel	0.00	0.00	0.00									0.00
Staff 6	Robin	SVM	0.00	0.00	0.00									0.00
		PVM	0.00	0.00	0.00									0.00
		Time	0.00	21.00	27.50									48.50
		Hotel	0.00	0.00	0.00									0.00

Totals FY 2010-2011	
SVM = State Vehicle Miles	2791.00
PVM = Personal Vehicle Miles	2332.20
T = Time	632.75
H = Hotel Cost	682.99

State of South Carolina

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Workers' Compensation Commission

Executive Director's Report October 25, 2010

Fines and Assessments Aging Report

The attached Fines and Assessments Aging Report reflects the number and amount of fines assessed for the 2 month period in FY 2010-11.

Personnel Recruitment

Bryan Berthelette was employed into the Claims Examiner I position in the Claims Department effective October 18, 2010.

Employee Meetings

The agency All Employee Meeting was held on September 23.

Four employees participated in the employee focus group with the Executive Director on September 30.

Constituent Services/Public Information

During the previous 30 days the Executive Director's Office made 93 contacts with various system constituents. They were as follows: 87 telephone communications; 23 electronic contacts with claimants or constituents, state agencies, federal agencies; congressional offices, attorneys, service providers, or business partners; and prepared 2 responses to FOIA requests.

SC Workers' Compensation Educational Association Annual Meeting

The Executive Director attended the SC Workers' Compensation Association Annual Meeting October 18-20, 2010 in Myrtle Beach, SC.

10/20/2010

Summary All Depts.

[illegible]

[illegible]

TO: Gary M. Cannon, Executive Director

FROM: Al McCutcheon

DATE: October 20, 2010

RE: Outstanding Fines Status

The following is the requested status of outstanding fines in the Compliance and Coverage Divisions of the Insurance and Medical Services Department:

Compliance

There are two categories for Compliance fines: cases with underlying claims; and cases without underlying claims. Cases with underlying claims are those cases in which a claim has been filed but there is no record of the employer having coverage. Cases with no underlying claims are the cases where employers are discovered to have no coverage through the search of the Employment Security Commission records or a random coverage check.

The procedure for collection of fines is as follows:

1. Employers suspected of not having insurance are sent a letter requesting verification they have coverage and are given 14 days to respond. Failure to respond and to immediately acquire insurance will result in fines being assessed at \$1.00 per day for each employee, a minimum of \$10.00 per day and a maximum of \$100.00 per day.

Thirty-nine violation letters were issued during the month of September.

2. For cases without an underlying claim, if the employer immediately comes into compliance after the initial notification, the assessed fine is \$750 for 10 or less employees and \$1,000 for 11-20 employees.

Nineteen compliance agreements were received during the month of September.

3. If there is no response and we can prove the employer is subject to the Workers' Compensation Act, the Compliance Division subpoenas the employer to an Order and Rule to Show Cause hearing. These hearings are scheduled every 30 days.

Eight subpoenas were issued in September. The next Order and Rule to Show Cause hearing is scheduled for November 30, 2010.

4. Along with the subpoena, the employer is provided a letter offering the opportunity to settle in lieu of attending the hearing. However, if the employer does not settle, and the employer is found to be subject to the Act at the hearing, an order is issued finding the employer in violation of the Act. In most instances, the order stipulates maximum fines and penalties. Orders are issued within 30 days after the hearing.

One order resulting from the August 26, 2010 Order and Rule to Show Cause hearing was published in September.

5. If there is no response to the order, a civil judgment is filed within 45 days.

Twelve civil judgments were filed during the month of September.

6. Further contact with the employer (telephone and letter) is attempted by the Director of Compliance. If the employer remains willfully uninsured, the Director of Compliance files a criminal complaint with the jurisdictional magistrate. This new procedure for the Department has yet to be finalized with legal counsel.

Coverage

There are two types of fines assessed on carriers by the Coverage Division:

- A. Late filing for policies not received within 30 days of the policies' effective date.
- B. 12M Minor Medical Fines

In January - March 2010, approximately 200 carriers were sent a final notice on fines over 90 days old. Carriers were advised that failure to pay outstanding fines would result in a subpoena being issued requiring attendance at an Order and Rule to Show Cause Hearing. Initially, these carriers owed \$207,375 in fines over 90 days old. This total was reduced to \$36,606 as of September 14, 2010. However, we have recently added \$15,135 in 12M late penalties to this list of outstanding fines. Carriers receiving these 12M late penalties have been subpoenaed to the November 30, 2010 Order and Rule to Show Cause hearing.

TO: Commissioners

**FROM: Al McCutcheon, Director,
Insurance and Medical Services**

DATE: October 25, 2010

**RE: Review of Medical Services Provider Manual Payment
Methods**

This presentation is being held to review and discuss the alternative Medical Services Provider Manual payment methods available to the Commission. A decision is needed in order to proceed with development of the 2011 Medical Services Provider Manual.

Background:

A Medical Services Provider Manual Advisory Committee was established by the Commission at their January 25, 2010 meeting. The first meeting of the committee was held on March 15, 2010. The Advisory committee was tasked to evaluate using multiple conversion factors calculating the Maximum Allowable Payment (MAP) for medical services as provided in the Commission's Medical Services Provider Manual. The Committee also evaluated using the Center for Medicare and Medicaid Services (CMS) Resource Based Relative Values Scale (RVRBS) values plus a predetermined percentage for calculating the MAP. The committee met four times and submitted a final report on July 13, 2010. Committee Chairman Mark Arden presented the committee's final report at the July 19, 2010 meeting of the Full Commission. The recommendation of the Advisory Committee was to continue using the current payment method with a single conversion factor.

I appreciate your interest and participation in this discussion.

Attachments:

1. Advisory Committee Recommendations Package
2. Comparison of Payment Methodologies
3. Comparison - Palmetto GBA calculations
4. Medicare National and SC Adjusted Transitional and Fully-Implemented RVUs
5. Payment methods -- Pros and Cons
6. Examples of RVU Calculations
7. Applicable Statutes and Regulations
8. CMS (Medicare) Physician Fee Schedule web site
9. Medicare Conversion Factors 2006-2010

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Workers' Compensation Commission

July 13, 2010

The Honorable T. Scott Beck
Chairman
SC Workers' Compensation Commission
1333 Main Street
Columbia, SC 29202

RE: Medical Services Provider Manual Advisory Committee Report

Dear Chairman Beck:

On behalf of the Medical Services Provider Manual Advisory Committee I am pleased to provide you with the Committee's final report. The committee met four times between March 1 and June 30 to discuss the task assigned by the Commission, review and analyze data, deliberate respective positions and adopt recommendations contained in the attached report.

I would like to thank each member of the committee for their participation and their ability to honestly and openly discuss the various viewpoints on each of the issues and finalize the recommendations within the requested timeframe.

I look forward to presenting our findings and recommendations at the Commission Business Meeting on July 19, 2010.

Sincerely,

Mark Arden, Esq.
Chairman

**Report of the SC Workers' Compensation Commission
Medical Services Provider Manual
Advisory Committee
July 1, 2010**

At the Business Meeting of the SC Workers' Compensation Commission on January 25, 2010 the Commission created an Advisory Committee to review the Commission's current methodology to calculate the Maximum Allowable Payment (MAP) for services in the Medical Services Provider Manual (MSPM) and consider other methodologies including the use of multiple conversion factors for different CPT codes for calculating the MAP or using a Medicare plus payment system for calculating the MAP.

Statutory Authority

The Workers' Compensation Commission is the regulatory agency of the State of South Carolina responsible for overseeing and administering the South Carolina Workers' Compensation Act. SC Code Ann. § 42-1-10 et seq. (1976). The Commission has the authority to approve or deny medical fees, as well as the statutory and regulatory discretion to set the amount of fines. § 42-15-90; R 67-1302

§ 42-15-90. Fees of attorneys and physicians and hospital charges shall be approved by the Commission.

Fees for attorneys and physicians and charges of hospitals for services under this title shall be subject to the approval of the Commission.

R 67-1302. Maximum Allowable Payments to Medical Practitioners.

A. The Commission shall establish maximum allowable payments for medical services provided by medical practitioners based on a relative value scale and a conversion factor set by the Commission.

(1) The maximum allowable payments and any policies governing the billing and payment of services provided by medical practitioners shall be published in a medical services provider manual.

(2) The Commission may review and update the relative values and/or conversion factor as needed.

Current Medical Service Provider Payment System

The current method for calculating the MAP was approved by the Commission in 1995. The MAP is calculated by multiplying the value assigned by the Center for Medicare and Medicaid Services (CMS) Resource Based Relative Values Scale (RBRVS) for the Current Procedural Terminology (CPT) code published by the American Medical Association by a conversion factor approved by the Commission.

During the deliberations for the adoption of the 2010 MSPM the question arose as to whether or not the Commission had the authority to adopt a fee schedule with more than one conversion factor. The Commission requested a legal opinion of the interpretation of R 67-1302 from Kelly Golden, Esq., legal counsel. Ms. Golden is of the opinion, under the current regulations the Commission is limited to the use of a single conversion factor in the calculation of the MSPM. Attachment A is a copy of the opinion.

Advisory Committee

Members of the Committee were appointed by Chairman Roche for the period required to complete the evaluation and present the recommendations to the Commission. The Chairman also appointed Mark Arden, Esq. as chairman of the Committee. Mr. Arden represented the Injured Workers' Advocates Association.

In an effort to obtain input from the interested parties, staff prepared a list of organizations and individuals who may be interested in participating on the committee and presented the list to Chairman Roche. Chairman Roche approved the list and staff contacted the following organizations to invite their participation.

Ambulatory Surgery Center Association**Bill Reviewers**

- Accident Insurance Company
- Companion Property and Casualty Ins. Co.
- Corvel Corporation

Civil Justice Coalition**Commercial Insurance carriers**

- American Insurance Association (AIA)
- Property Casualty Insurers Association (PCI)

Injured Workers' Advocates Association**South Carolina Chamber of Commerce****South Carolina Employee Insurance Program (of SCBCB)****South Carolina Hospital Association****South Carolina Medical Association****South Carolina Orthopaedic Association****South Carolina Property and Casualty Insurance Guaranty Association****South Carolina Self-Insurers Association****South Carolina Small Business Chamber of Commerce****South Carolina Society of Anesthesiologists****South Carolina Workers' Compensation Education Association****State Accident Fund****Third Party Administrators (TPAs)**

- Key Risk Management Services
- Palmetto Hospital Trust Services
- Sedgwick CMS

The Accident Insurance Company, Civil Justice Coalition, Sedgwick CMS, and the South Carolina Property and Casualty Insurance Guaranty Association declined the invitation to participate.

Attachment B contains a list of the advisory committee members.

Staff Support

The Commission's Executive Director, the Executive Director's Administrative Coordinator, the Director of Insurance and Medical Services and Commission's Chief Medical Consultant served as ex officio members and provided research, analysis and administrative support.

Committee Process

The Committee met on March 15, April 15, May 14 and June 18. Research information and fiscal impact analysis prepared by staff and information submitted by committee members were distributed to the committee electronically prior to each meeting. This information is found in Attachment C.

Recommendations

The following recommendations were approved by the Committee at their meeting on June 18, 2010.

1. The Commission continue the current policy of utilizing the Resource Based Relative Value Scale (RBRVS) and a single conversion factor as the method of calculating the Maximum Allowable Payment (MAP) for each procedure code.
2. The Commission adopt an annual review process to adjust the Provider Manual to include a period for stakeholder comments to the Commission.
3. The Commission include a complete listing of the HCPCS codes and corresponding fees in the Medical Services Provider Manual.
4. The Commission conduct a cost benefit analysis of including American Dental Association (ADA) alphanumeric codes for dental services provided in a workers' compensation claim for the Medical Services Provider Manual.
5. The Medical Services Provider Manual Advisory Committee's report to the Commission will include minority reports. (*No minority report provided.*)

Attachments

- A. Legal opinion - single vs. multiple conversion factors
- B. Committee Roster
- C. Research and fiscal impact information
- D. HCPCS Information

Attachment A

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Workers' Compensation Commission

December 9, 2009

Mr. Gary M. Cannon
Executive Director
SC Workers' Compensation Commission
1333 Main Street
P.O. Box 1715
Columbia, SC 29202-1715

RE: Request for Opinion
S.C. Code Regs. 67-1302

Dear Mr. Cannon:

You asked for an opinion interpreting S.C. Code Regs. 67-1302. Your specific question is: "Does the regulation ... restrict the Commission to having one conversion factor or does it allow [the Commission] to have more?"

Under current regulations, the Commission is limited to the use of a single conversion factor. My opinion is based on the use of the word "a" preceding the word "conversion factor." The word "a" is an indefinite article used before a singular noun. We use the word "a" before a singular count-noun that begins with a consonant (a cow, a barn, a sheep) and we use the form "an" before singular count-noun that begins with a vowel or vowel-like sound (an apple, an urban blight, an open door).

When interpreting the meaning of a statute or regulation, certain basic principles must be observed. The cardinal rule of statutory interpretation is to ascertain and give effect to legislative intent. State v. Martin, 293 S.C. 46, 358 S.E.2d 697 (1987). Typically, legislative intent is determined by applying the words used by the General Assembly in their usual and ordinary significance. Martin v. Nationwide Mutual Insurance Company, 256 S.C. 577, 183 S.E.2d 451 (1971). Resort to subtle or forced construction for the purpose of limiting or expanding the operation of a statute should not be undertaken. Walton v. Walton, 282 S.C. 165, 318 S.E.2d 14 (1984). Courts must apply the clear and unambiguous terms of a statute or regulation according to their literal meaning. State v. Blackmon, 304 S.C. 270, 403 S.E.2d 660 (1991). Statutes or

Mr. Gary M. Cannon
December 9, 3009
Page Two

regulations should be given a reasonable and practical construction which is consistent with the policy and purpose expressed therein. Jones v. South Carolina State Highway Department, 247 S.C. 132, 146 S.E.2d 166 (1966).

In 1994, two of the recommendations submitted to the Workers' Compensation Commission from its "Physician & Surgeons Fee Schedule Advisory Committee" were:

- Adopt Medicare's resource based relative value system (RBRVS); and
- Adopt a single conversion factor.

The recommendations adopted by the Commission were based on these recommendations by unanimous vote on October 24, 1994.

In 1997, the Commission expressly incorporated the relative value system in an amended Regulation 67-1302 effective June 27, 1997. At that time, the Commission represented to the stakeholders, including the General Assembly, that a single conversion factor system would be implemented. The singular indefinite article "a" appearing before the words "conversion factor" was intentional.

The Commission's intent is further expressed in S.C. Code Regs. 1302 (A) (2) providing that the Commission "may review and update the relative values and / or the conversion factor as needed." [emphasis added.] The word "the" is a definite article because it usually precedes a specific or previously mentioned singular noun. The words "a" and "the" are listed among the noun markers or determiners because they are almost invariably followed by a singular noun.

The intent of the Workers' Compensation Commission to adopt a Medicare patterned Resource Based Relative Value Scale (RBRVS) with a single conversion factor applicable to all procedures, surgical and non-surgical is evidenced not only by the common and usual grammatical rules mentioned above but also by an affidavit by Mr. Gary Thibault. Mr. Thibault's affidavit is available upon request.

As noted in an opinion by the Attorney General of South Carolina dated October 26, 2006, [t]his office, as a matter of policy, typically defers to the administrative interpretation of the agency charged with the enforcement of...(a)...statute in question. See, e.g., Ops. Atty. Gen. dated March 9, 2000 and November 25, 1998. As noted in a prior opinion of that office dated October 20, 1997, "construction of a statute by the agency charged with executing it is entitled to the most respectful consideration...and should not be overruled absent cogent reasons." Moreover, where an administrative interpretation is long-standing and has not been expressly changed by the General Assembly, the agency interpretation is entitled to even greater deference. Marchant v. Hamilton, 279 S.C. 497, 309 S.E.2d 781 (Ct.App. 1983). As recognized in another prior opinion of the Attorney General's office dated March 12, 1997, if an administrative interpretation is reasonable, courts will defer to such construction even if that

Mr. Gary M. Cannon
December 9, 3009
Page Three

construction is not the only reasonable one or the one a court would have adopted in the first instance.

Accordingly, this office would defer to the interpretation of S.C. Code Regs. 67-1302 by the those charged with the implementation thereof. Finding no evidence to the contrary, it is my opinion that the current regulation at issue is subject to but one interpretation – that a single conversion factor was intended to be adopted and used by the Commission.

With kind regards, I am,

By: 
Kelly J. Golden
Counsel to the Commission

ATTACHMENT B

Medical Services Provider Manual Advisory Committee

May 14, 2010

Nomination

Brian Teusink

Senior Exec. Vice President
Palmetto Hospital Trust
Telephone: 803-731-5300 ext.1585
Email: bteusink@phts.com

Jeri Boysia

Vice President & Actuary
Rebecca Rabern
Companion Property and Casualty Ins. Co.
Telephone: 803-264-5360
Email: Jeri.Boysia@companiongroup.com

Cindy Benton

District Manager
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Randy Pardee

Pardee's Refrig. & Air Conditioning
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Mike Pankey

ASC of Spartanburg
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Organization

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Telephone: 803-731-5300

Companion Property and Casualty Ins. Co.

Post Office Box 100165
Columbia, SC 29202
Telephone: 803-735-0672

Corvel Corporation

200 Center Point Circle, Suite 290
Columbia, SC 29210
Telephone: 803-451-3401

SC Small Business Chamber of Commerce

1717 Gervais Street
Columbia, SC 29201
Telephone: 803-252-5733
Email: sbchamber@scsbs.org

SC Assoc. of Ambulatory Surgery Centers

1400 Village Square Blvd, #3-175
Tallahassee, FL 32312
Telephone: 888-526-9450
Contact: Meghan Millard, Deputy Exec. Director
Email: meghan@ascmember.org

Mary Ann Lubeskie

Vice President Claims Medical Programs

Lorynda Fish

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American Insurance Association**Washington, D.C. Headquarters**

2101 L Street, NW, Suite 400

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Contact: Chris C. Daniel, President

Will Floyd MD, MPH

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Email: willie.floyd@palmettohealth.org**South Carolina Medical Association**

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Post Office Box 11188

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Contact: Scott E. Hultstrand

Email: scotth@scmanet.org**AnnMargaret McCraw**

Chief Operating Officer

Midlands Orthopaedics, PA

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Columbia, SC 29201

Telephone: 803-933-6134

Email: annm@midlandsortho.com**South Carolina Orthopaedic Association**

17503 Mallard Court

Lutz, FL 33559

Telephone: 813-949-3121

Contact: Fraser Cobbe, Executive Director

Mark Arden, Esq.

Chappell, Smith & Arden

Telephone: 803-929-3609

Email: marden@csa-law.com**Injured Workers' Advocates**

Post Office Box 12513

Columbia, South Carolina 29211

Telephone: 803-799-0080

Contact: Clara T. Smith, Executive Director

Email: clara@injuredworkersadvocates.com**Moby Salahuddin**

Executive Director

South Carolina Self-Insurers Association

Email: msalahuddin@sc.rr.com**South Carolina Self-Insurers Association**

215 Holly Ridge Lane

West Columbia, SC 29169

Telephone: 803-794-2080

Ron Chatham

The Edisto Group

4200 Byrnes Blvd.

Florence, SC 29506

Telephone: 843-229-7460

Email: ronchatham@edistogroup.com**South Carolina Chamber of Commerce**

1201 Main Street, Suite 1700

Columbia, SC 29201

Contact: Otis Rawl, President and CEO

Telephone: 803-799-4601

Email: chamber@scchamber.net

Margarita M. Pate
Executive Director
Telephone: 843-697-3114
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ATTACHMENT C

1. The following information is provided for your information:

2. The following information is provided for your information:

Effect of Different Payment Methods on WC System Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures Sorted by CPT Code

CPT Code	Procedure Description	2008 Procedures	Single CF		Multiple Conversion Factors					2010 SC Medicare Fee Schedule				2010 State Health Plan									
			Non-Fac	Facility	CF = \$50 All Codes	\$52 Surg \$50 All Others	\$55 Surg \$50 All Others	\$58 Surg \$50 All Others	\$50 All Others	Non-Fac	Facility	Total	46%	50%	Plus	Non-Fac	Facility	Total	18%	20%	Plus		
Total All Procedures			\$ 26,388,028		\$ 26,679,691	\$ 27,117,184	\$ 27,554,677			\$ 18,109,890		\$ 28,440,427	\$ 27,164,823			\$ 22,438,628		\$ 26,476,643	\$ 26,927,448				
Total Top 200 Codes			\$ 381,101								\$ 18,109,890		\$ 28,440,427	\$ 27,164,823			\$ 22,438,628		\$ 26,476,643	\$ 26,927,448			
Impact on system					1.1%	2.6%	4.4%																
10012	SKIN SUBCUTANEOUS INJ	64	\$ 916	\$ 585	\$ 69,951	\$ 72,749	\$ 76,946	\$ 81,143	\$ 61,143	\$ 67,436	\$ 589	\$ 375	\$ 44,957	\$ 65,638	\$ 67,436	\$ 59,241	\$ 69,904	\$ 71,089					
10013	SKIN REPAIR, SCALP, NECK	1,080	\$ 208	\$ 146	\$ 205,875	\$ 214,110	\$ 228,463	\$ 238,615	\$ 238,615	\$ 191,148	\$ 127	\$ 91	\$ 127,432	\$ 186,051	\$ 191,148	\$ 127,440	\$ 150,379	\$ 152,528					
12002	SWR REPAIR, SCALP, NECK	597	\$ 218	\$ 162	\$ 121,713	\$ 126,582	\$ 133,885	\$ 141,188	\$ 141,188	\$ 113,263	\$ 135	\$ 101	\$ 75,509	\$ 110,242	\$ 113,263	\$ 84,177	\$ 99,328	\$ 101,012					
12013	SWR REPAIR, FACE, EYE	180	\$ 217	\$ 150	\$ 32,020	\$ 33,301	\$ 35,222	\$ 37,143	\$ 37,143	\$ 29,058	\$ 135	\$ 94	\$ 19,910	\$ 29,058	\$ 29,058	\$ 21,000	\$ 24,780	\$ 25,200					
15100	SPIT GRAFT, TRUNK, SCALP	29	\$ 1,135	\$ 971	\$ 31,715	\$ 32,884	\$ 34,897	\$ 36,790	\$ 36,790	\$ 29,595	\$ 727	\$ 614	\$ 20,271	\$ 29,595	\$ 30,405	\$ 20,025	\$ 23,629	\$ 24,029					
15120	SPIT GRAFT, FACE, NECK	23	\$ 1,274	\$ 1,077	\$ 28,158	\$ 29,284	\$ 30,974	\$ 32,663	\$ 32,663	\$ 25,589	\$ 801	\$ 680	\$ 17,726	\$ 25,589	\$ 26,589	\$ 23,276	\$ 27,466	\$ 27,931					
20352	INJECT, SINGLE OR MULTIPLE	290	\$ 76	\$ 57	\$ 20,663	\$ 21,489	\$ 22,729	\$ 23,969	\$ 23,969	\$ 19,643	\$ 50	\$ 37	\$ 13,454	\$ 19,643	\$ 20,181	\$ 17,763	\$ 20,960	\$ 21,315					
20352	INJECT, SINGLE OR MULTIPLE	280	\$ 71	\$ 52	\$ 18,550	\$ 19,282	\$ 20,405	\$ 21,518	\$ 21,518	\$ 17,240	\$ 45	\$ 33	\$ 11,808	\$ 17,240	\$ 17,712	\$ 15,116	\$ 15,372	\$ 15,732					
20352	INJECT, SINGLE OR MULTIPLE	1,528	\$ 104	\$ 69	\$ 145,351	\$ 151,165	\$ 159,868	\$ 168,607	\$ 168,607	\$ 135,862	\$ 506	\$ 362	\$ 93,395	\$ 135,862	\$ 139,594	\$ 106,949	\$ 135,228	\$ 138,761					
20353	ARTHROSCOPIC ANTERIOR	81	\$ 804	\$ 575	\$ 147,832	\$ 153,745	\$ 162,615	\$ 171,485	\$ 171,485	\$ 126,531	\$ 1,070	\$ 862	\$ 86,665	\$ 126,531	\$ 129,598	\$ 90,635	\$ 106,949	\$ 108,761					
20353	ARTHROSCOPIC ANTERIOR	81	\$ 1,709	\$ 1,253	\$ 308,369	\$ 318,863	\$ 330,028	\$ 341,193	\$ 341,193	\$ 265,531	\$ 1,320	\$ 1,070	\$ 86,665	\$ 265,531	\$ 274,742	\$ 186,212	\$ 196,130	\$ 198,454					
20353	ARTHROSCOPIC ANTERIOR	64	\$ 484	\$ 349	\$ 86,346	\$ 89,800	\$ 94,981	\$ 100,161	\$ 100,161	\$ 79,803	\$ 342	\$ 253	\$ 18,740	\$ 79,803	\$ 81,989	\$ 58,134	\$ 68,470	\$ 70,134					
20353	ARTHROSCOPIC ANTERIOR	125	\$ 2,161	\$ 1,585	\$ 389,896	\$ 404,810	\$ 423,758	\$ 442,688	\$ 442,688	\$ 339,981	\$ 1,357	\$ 1,070	\$ 86,665	\$ 339,981	\$ 354,529	\$ 287,375	\$ 339,103	\$ 344,850					
20353	ARTHROSCOPIC ANTERIOR	102	\$ 2,084	\$ 1,517	\$ 389,896	\$ 404,810	\$ 423,758	\$ 442,688	\$ 442,688	\$ 339,981	\$ 1,357	\$ 1,070	\$ 86,665	\$ 339,981	\$ 354,529	\$ 287,375	\$ 339,103	\$ 344,850					
20353	ARTHROSCOPIC ANTERIOR	82	\$ 1,053	\$ 764	\$ 169,408	\$ 175,321	\$ 182,615	\$ 190,161	\$ 190,161	\$ 149,531	\$ 687	\$ 546	\$ 18,740	\$ 149,531	\$ 153,598	\$ 109,998	\$ 129,798	\$ 131,988					
20353	ARTHROSCOPIC ANTERIOR	56	\$ 1,054	\$ 764	\$ 169,408	\$ 175,321	\$ 182,615	\$ 190,161	\$ 190,161	\$ 149,531	\$ 687	\$ 546	\$ 18,740	\$ 149,531	\$ 153,598	\$ 109,998	\$ 129,798	\$ 131,988					
20353	ARTHROSCOPIC ANTERIOR	102	\$ 1,013	\$ 745	\$ 169,408	\$ 175,321	\$ 182,615	\$ 190,161	\$ 190,161	\$ 149,531	\$ 687	\$ 546	\$ 18,740	\$ 149,531	\$ 153,598	\$ 109,998	\$ 129,798	\$ 131,988					
20353	ARTHROSCOPIC ANTERIOR	194	\$ 584	\$ 423	\$ 109,319	\$ 113,692	\$ 119,769	\$ 126,810	\$ 126,810	\$ 94,861	\$ 358	\$ 280	\$ 11,879	\$ 94,861	\$ 97,459	\$ 75,656	\$ 89,274	\$ 90,787					
20353	ARTHROSCOPIC ANTERIOR	56	\$ 777	\$ 564	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	127	\$ 179	\$ 130	\$ 49,484	\$ 51,223	\$ 53,479	\$ 56,241	\$ 56,241	\$ 44,441	\$ 130	\$ 98	\$ 13,827	\$ 44,441	\$ 45,841	\$ 35,331	\$ 42,599	\$ 43,887					
20353	ARTHROSCOPIC ANTERIOR	48	\$ 1,104	\$ 804	\$ 189,472	\$ 196,664	\$ 205,798	\$ 215,918	\$ 215,918	\$ 168,810	\$ 705	\$ 546	\$ 18,740	\$ 168,810	\$ 172,413	\$ 130,932	\$ 154,832	\$ 156,642					
20353	ARTHROSCOPIC ANTERIOR	77	\$ 1,149	\$ 847	\$ 189,472	\$ 196,664	\$ 205,798	\$ 215,918	\$ 215,918	\$ 168,810	\$ 705	\$ 546	\$ 18,740	\$ 168,810	\$ 172,413	\$ 130,932	\$ 154,832	\$ 156,642					
20353	ARTHROSCOPIC ANTERIOR	39	\$ 990	\$ 711	\$ 179,676	\$ 185,581	\$ 193,664	\$ 202,798	\$ 202,798	\$ 156,810	\$ 630	\$ 489	\$ 13,827	\$ 156,810	\$ 160,413	\$ 121,425	\$ 144,541	\$ 146,357					
20353	ARTHROSCOPIC ANTERIOR	41	\$ 498	\$ 366	\$ 109,319	\$ 113,692	\$ 119,769	\$ 126,810	\$ 126,810	\$ 94,861	\$ 358	\$ 280	\$ 11,879	\$ 94,861	\$ 97,459	\$ 75,656	\$ 89,274	\$ 90,787					
20353	ARTHROSCOPIC ANTERIOR	24	\$ 836	\$ 604	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	29	\$ 652	\$ 479	\$ 109,319	\$ 113,692	\$ 119,769	\$ 126,810	\$ 126,810	\$ 94,861	\$ 451	\$ 349	\$ 13,827	\$ 94,861	\$ 97,459	\$ 75,656	\$ 89,274	\$ 90,787					
20353	ARTHROSCOPIC ANTERIOR	20	\$ 825	\$ 604	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	23	\$ 1,107	\$ 804	\$ 189,472	\$ 196,664	\$ 205,798	\$ 215,918	\$ 215,918	\$ 168,810	\$ 705	\$ 546	\$ 18,740	\$ 168,810	\$ 172,413	\$ 130,932	\$ 154,832	\$ 156,642					
20353	ARTHROSCOPIC ANTERIOR	75	\$ 691	\$ 504	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	48	\$ 1,388	\$ 1,004	\$ 245,285	\$ 253,798	\$ 263,664	\$ 274,810	\$ 274,810	\$ 210,810	\$ 899	\$ 687	\$ 24,329	\$ 210,810	\$ 215,918	\$ 165,810	\$ 196,810	\$ 200,910					
20353	ARTHROSCOPIC ANTERIOR	28	\$ 711	\$ 517	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	62	\$ 722	\$ 528	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	23	\$ 760	\$ 556	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	29	\$ 769	\$ 565	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	49	\$ 859	\$ 629	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	77	\$ 829	\$ 604	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	23	\$ 825	\$ 604	\$ 129,319	\$ 133,692	\$ 140,205	\$ 147,810	\$ 147,810	\$ 110,836	\$ 489	\$ 387	\$ 13,827	\$ 110,836	\$ 113,599	\$ 88,416	\$ 103,998	\$ 105,134					
20353	ARTHROSCOPIC ANTERIOR	216	\$ 246	\$ 181	\$ 45,350	\$ 47,174	\$ 49,886	\$ 52,618	\$ 52,618	\$ 41,481	\$ 154	\$ 117	\$ 13,827	\$ 41,481	\$ 42,617	\$ 32,568	\$ 38,268	\$ 39,514					
20353	ARTHROSCOPIC ANTERIOR	13	\$ 1,871	\$ 1,371	\$ 389,896	\$ 404,810	\$ 423,758	\$ 442,688	\$ 442,688	\$ 339,981	\$ 1,357	\$ 1,070	\$ 86,665	\$ 339,981	\$ 354,529	\$ 287,375	\$ 339,103	\$ 344,850					
20353	ARTHROSCOPIC ANTERIOR	76	\$ 2,100	\$ 1,552	\$ 389,896	\$ 404,810	\$ 423,758	\$ 442,688	\$ 442,688	\$ 339,981	\$ 1,357	\$ 1,070	\$ 86,665	\$ 339,981	\$ 354,529	\$ 287,375	\$ 339,103	\$ 344,850					
20353	ARTHROSCOPIC ANTERIOR	18	\$ 1,815	\$ 1,331	\$ 389,896	\$ 404,810	\$ 423,758	\$ 442,688	\$ 442,688	\$ 339,981	\$ 1,357	\$ 1,070	\$ 86,665	\$ 339,981	\$ 354,529	\$ 287,375	\$ 339,103	\$ 344,850					

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Effect of Different Payment Methods on WC System

Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures

Sorted by CPT Code

CPT		2008		Single CF		Multiple Conversion Factors				2010 SC Medicare Payment				State Health Plan				Page
Code	Procedure Description	Procedures	Non-Facility	Facility	All Codes	\$50 All Others	\$52 Surp	\$55 Surp	\$58 Surp	Non-Fac Facility	Total	45%	Plus	Non-Fac Facility	Total	18%	Plus	3
70551	MRI BRAIN W/O DYE	48	\$	\$	21,936	\$	\$	21,936	\$	\$	18,578	\$	27,120	\$	550	\$	31,152	\$
70553	MRI BRAIN W/O & W/ DYE	58	\$	\$	35,351	\$	\$	35,351	\$	\$	34,650	\$	50,590	\$	1,000	\$	68,440	\$
71010	X-RAY CHEST, SINGLE VIEW	1,065	\$	\$	31,418	\$	\$	31,418	\$	\$	22,408	\$	32,715	\$	43	\$	45,795	\$
71020	X-RAY CHEST, TWO VIEWS	1,180	\$	\$	44,840	\$	\$	44,840	\$	\$	32,652	\$	47,887	\$	56	\$	66,080	\$
71250	CT, THORAX, W/O CONTRAST	58	\$	\$	13,949	\$	\$	13,949	\$	\$	13,363	\$	19,539	\$	437	\$	25,348	\$
71260	CT THORAX W/ DYE	222	\$	\$	63,936	\$	\$	63,936	\$	\$	277	\$	89,887	\$	591	\$	131,202	\$
71275	CT ANGIOGRAPHY, CHEST	43	\$	\$	26,402	\$	\$	26,402	\$	\$	400	\$	25,113	\$	388	\$	16,694	\$
72040	X-RAY SPINE, CERVICAL	1,034	\$	\$	51,183	\$	\$	51,183	\$	\$	33	\$	49,428	\$	55	\$	56,870	\$
72050	X-RAY SPINE, CERVICAL	555	\$	\$	36,353	\$	\$	36,353	\$	\$	48	\$	25,375	\$	82	\$	45,510	\$
72070	X-RAY EXAM OF THORACIC	517	\$	\$	21,973	\$	\$	21,973	\$	\$	30	\$	22,373	\$	63	\$	32,571	\$
72100	X-RAY SPINE, LUMBOSACRAL	2,433	\$	\$	126,516	\$	\$	126,516	\$	\$	34	\$	63,647	\$	66	\$	160,578	\$
72110	X-RAY SPINE, LUMBOSACRAL	663	\$	\$	45,747	\$	\$	45,747	\$	\$	48	\$	48,153	\$	96	\$	63,648	\$
72120	CT, CERVICAL SPINE, W/O CONTRAST	438	\$	\$	105,512	\$	\$	105,512	\$	\$	231	\$	147,284	\$	452	\$	197,072	\$
72130	CT, LUMBAL SPINE, W/O CONTRAST	196	\$	\$	47,236	\$	\$	47,236	\$	\$	276	\$	66,029	\$	485	\$	95,060	\$
72140	CT, LUMBAL SPINE W/ DYE	114	\$	\$	32,718	\$	\$	32,718	\$	\$	231	\$	45,225	\$	485	\$	95,060	\$
72141	MRI NECK SPINE W/O DYE	627	\$	\$	259,265	\$	\$	259,265	\$	\$	393	\$	344,311	\$	539	\$	344,850	\$
72146	MRI SPINAL CANAL/CONT	104	\$	\$	43,058	\$	\$	43,058	\$	\$	393	\$	359,614	\$	550	\$	344,850	\$
72148	MRI LUMBAL SPINE W/O DYE	907	\$	\$	368,242	\$	\$	368,242	\$	\$	387	\$	512,672	\$	593	\$	528,791	\$
72156	MRI NECK SPINE W/O & W/ DYE	57	\$	\$	35,027	\$	\$	35,027	\$	\$	607	\$	51,891	\$	1,000	\$	57,000	\$
72158	MRI LUMBAL SPINE W/O CONTRAST	220	\$	\$	131,670	\$	\$	131,670	\$	\$	597	\$	191,891	\$	1,000	\$	220,000	\$
72170	X-RAY PELVIS; ANTEROPOSTERIOR	628	\$	\$	20,971	\$	\$	20,971	\$	\$	218	\$	22,721	\$	47	\$	29,422	\$
72192	CT, PELVIC, W/O CONTRAST	104	\$	\$	23,296	\$	\$	23,296	\$	\$	218	\$	22,721	\$	47	\$	29,422	\$
72193	CT PELVIS W/ DYE	313	\$	\$	84,687	\$	\$	84,687	\$	\$	282	\$	119,637	\$	496	\$	152,118	\$
72265	CONTRAST X-RAY, LOWER EXTREMITY	98	\$	\$	15,982	\$	\$	15,982	\$	\$	124	\$	12,135	\$	232	\$	22,736	\$
72266	DISKOGRAPHY LUMBAL R	144	\$	\$	18,936	\$	\$	18,936	\$	\$	122	\$	17,718	\$	232	\$	22,736	\$
73030	X-RAY SHOULDER, COMPLETE	1,895	\$	\$	77,805	\$	\$	77,805	\$	\$	26	\$	25,727	\$	491	\$	70,704	\$
73080	X-RAY ELBOW, COMPLETE	542	\$	\$	24,390	\$	\$	24,390	\$	\$	30	\$	25,070	\$	56	\$	111,720	\$
73110	X-RAY WRIST, COMPLETE	1,428	\$	\$	67,116	\$	\$	67,116	\$	\$	31	\$	43,554	\$	51	\$	72,828	\$
73130	X-RAY HAND; MINIMUM OF 3 VIEWS	1,816	\$	\$	75,492	\$	\$	75,492	\$	\$	28	\$	51,103	\$	54	\$	100,656	\$
73140	X-RAY FINGER OR FINGERS	88	\$	\$	20,724	\$	\$	20,724	\$	\$	389	\$	23,874	\$	41	\$	78,556	\$
73200	CT, UPPER EXTREMITY, W/O CONTRAST	38	\$	\$	79,514	\$	\$	79,514	\$	\$	28	\$	50,103	\$	41	\$	78,556	\$
73218	MRI UPPER EXTREMITY W/ CONTRAST	38	\$	\$	20,724	\$	\$	20,724	\$	\$	221	\$	21,863	\$	389	\$	34,232	\$
73221	MRI JOINT UPPER EXTREMITY	909	\$	\$	17,453	\$	\$	17,453	\$	\$	380	\$	21,863	\$	480	\$	17,940	\$
73222	MRI UPPER EXTREMITY	118	\$	\$	389,507	\$	\$	389,507	\$	\$	381	\$	505,581	\$	550	\$	489,950	\$
73510	X-RAY HIP, COMPLETE, MINIMUM OF 3 VIEWS	23	\$	\$	55,401	\$	\$	55,401	\$	\$	461	\$	78,456	\$	551	\$	65,018	\$
73550	X-RAY KNEE, ANTEROPOSTERIOR	484	\$	\$	13,444	\$	\$	13,444	\$	\$	597	\$	19,714	\$	988	\$	22,724	\$
73552	X-RAY KNEE, ANTEROPOSTERIOR	1,373	\$	\$	54,234	\$	\$	54,234	\$	\$	32	\$	22,888	\$	58	\$	28,072	\$
73554	X-RAY EXAM, KNEE, 4 OR MORE VIEWS	1,066	\$	\$	51,512	\$	\$	51,512	\$	\$	25	\$	34,916	\$	64	\$	70,144	\$
73590	X-RAY TIBIA & FIBULA	728	\$	\$	40,040	\$	\$	40,040	\$	\$	30	\$	33,254	\$	72	\$	62,416	\$
73592	X-RAY ANKLE, COMPLETE	611	\$	\$	21,385	\$	\$	21,385	\$	\$	35	\$	25,742	\$	48	\$	28,939	\$
73610	X-RAY ANKLE; COMPLETE	1,440	\$	\$	79,338	\$	\$	79,338	\$	\$	24	\$	21,374	\$	49	\$	28,939	\$
73700	CT, LOWER EXTREMITY, W/O CONTRAST	120	\$	\$	59,040	\$	\$	59,040	\$	\$	27	\$	57,248	\$	51	\$	96,338	\$
73718	MRI LOWER EXTREMITY W/ CONTRAST	90	\$	\$	28,260	\$	\$	28,260	\$	\$	221	\$	26,531	\$	397	\$	73,440	\$
73721	MRI LOWER EXTREMITY W/ CONTRAST	443	\$	\$	39,825	\$	\$	39,825	\$	\$	381	\$	34,286	\$	480	\$	47,540	\$
74150	CT, ABD, W/O CONTRAST	1,022	\$	\$	447,636	\$	\$	447,636	\$	\$	381	\$	568,408	\$	550	\$	562,100	\$
74160	CT ABDOMEN W/ DYE	85	\$	\$	19,678	\$	\$	19,678	\$	\$	222	\$	18,841	\$	420	\$	35,700	\$
76000	FLUOROSCOPY-TO 1 HR D	313	\$	\$	97,343	\$	\$	97,343	\$	\$	295	\$	92,468	\$	634	\$	198,442	\$
90801	PSYCHIATRIC INTERVIEW	238	\$	\$	47,362	\$	\$	47,362	\$	\$	145	\$	40,033	\$	82	\$	28,322	\$

Effect of Different Payment Methods on WC System

Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures

Sorted by CPT Code

CPT Code	Procedure Description	2008		Single CF	Multiple Conversion Factors					2010 SC Medicare Payment					State Health Plan									
		Procedures			Non-Fac	Facility	All Codes	CF = \$50	\$50 All Others	\$52 Surg	\$55 Surg	\$58 Surg	Non-Fac	Facility	Total	46%	Plus	50%	Non-Fac	Facility	Total	18%	Plus	20%
90804	PSYTX, OFF, 20-30 MIN	322		\$ 86	\$ 70	\$ 26,404	\$ 26,404	\$ 26,404	\$ 26,404	\$ 26,404	\$ 26,404	\$ 26,404	\$ 60	\$ 51	\$ 18,600	\$ 27,155	\$ 32,546	\$ 32,546	\$ 33	\$ 33	\$ 10,628	\$ 12,539	\$ 12,539	\$ 12,751
90805	PSYTX, OFF, 20-30 MIN W/	332		\$ 100	\$ 82	\$ 31,582	\$ 31,582	\$ 31,582	\$ 31,582	\$ 31,582	\$ 31,582	\$ 31,582	\$ 88	\$ 58	\$ 21,689	\$ 31,680	\$ 32,546	\$ 32,546	\$ 51	\$ 51	\$ 16,932	\$ 19,980	\$ 19,980	\$ 20,318
90806	PSYTX, OFF, 45-60 MIN	1,559		\$ 115	\$ 106	\$ 174,998	\$ 174,998	\$ 174,998	\$ 174,998	\$ 174,998	\$ 174,998	\$ 174,998	\$ 84	\$ 78	\$ 128,119	\$ 187,053	\$ 192,178	\$ 192,178	\$ 51	\$ 51	\$ 79,509	\$ 93,821	\$ 93,821	\$ 95,411
90807	PSYTX, OFF, 45-60 MIN, W/	632		\$ 139	\$ 122	\$ 84,846	\$ 84,846	\$ 84,846	\$ 84,846	\$ 84,846	\$ 84,846	\$ 84,846	\$ 95	\$ 85	\$ 58,648	\$ 85,626	\$ 87,972	\$ 87,972	\$ 75	\$ 75	\$ 47,400	\$ 55,932	\$ 55,932	\$ 56,980
90808	PSYTX, OFF, 75-90 MIN	522		\$ 168	\$ 159	\$ 86,522	\$ 86,522	\$ 86,522	\$ 86,522	\$ 86,522	\$ 86,522	\$ 86,522	\$ 123	\$ 117	\$ 63,432	\$ 92,811	\$ 95,148	\$ 95,148	\$ 81	\$ 81	\$ 42,282	\$ 49,893	\$ 49,893	\$ 50,738
93005	ECG ROUTINE	759		\$ 12	\$ -	\$ 8,729	\$ 8,729	\$ 8,729	\$ 8,729	\$ 8,729	\$ 8,729	\$ 8,729	\$ 10	\$ 10	\$ 7,317	\$ 10,682	\$ 10,975	\$ 10,975	\$ 19	\$ 19	\$ 14,421	\$ 17,017	\$ 17,017	\$ 17,305
93307	ECG TRANSTHORACIC	87		\$ 141	\$ 48	\$ 10,233	\$ 10,233	\$ 10,233	\$ 10,233	\$ 10,233	\$ 10,233	\$ 10,233	\$ 141	\$ 141	\$ 12,301	\$ 17,959	\$ 18,451	\$ 18,451	\$ 266	\$ 266	\$ 23,142	\$ 27,308	\$ 27,308	\$ 27,770
93510	LEFT HEART CATHETER	16	1,234	\$ 1,234		\$ 19,736	\$ 19,736	\$ 19,736	\$ 19,736	\$ 19,736	\$ 19,736	\$ 19,736	\$ 1,071	\$ 1,071	\$ 17,138	\$ 25,021	\$ 25,707	\$ 25,707	\$ 1,594	\$ 1,594	\$ 25,504	\$ 30,095	\$ 30,095	\$ 30,805
93771	DUPLEX SON EXTREM VEIN	289		\$ 206		\$ 59,390	\$ 59,390	\$ 59,390	\$ 59,390	\$ 59,390	\$ 59,390	\$ 59,390	\$ 110	\$ 110	\$ 31,735	\$ 46,333	\$ 47,603	\$ 47,603	\$ 190	\$ 190	\$ 54,910	\$ 64,794	\$ 64,794	\$ 65,992
95950	ELECTROMYOGRAPHY EXTR	407		\$ 127		\$ 51,486	\$ 51,486	\$ 51,486	\$ 51,486	\$ 51,486	\$ 51,486	\$ 51,486	\$ 77	\$ 77	\$ 31,305	\$ 45,707	\$ 46,980	\$ 46,980	\$ 119	\$ 119	\$ 48,433	\$ 57,151	\$ 57,151	\$ 58,120
95951	ELECTROMYOGRAPHY2 EXTR	151		\$ 112	\$ 112	\$ 16,837	\$ 16,837	\$ 16,837	\$ 16,837	\$ 16,837	\$ 16,837	\$ 16,837	\$ 112	\$ 112	\$ 16,942	\$ 24,796	\$ 25,413	\$ 25,413	\$ 202	\$ 202	\$ 30,502	\$ 35,932	\$ 35,932	\$ 36,902
95904	MOTOR NERVE CONDUCTIO	678		\$ 83		\$ 55,770	\$ 55,770	\$ 55,770	\$ 55,770	\$ 55,770	\$ 55,770	\$ 55,770	\$ 50	\$ 50	\$ 33,631	\$ 49,101	\$ 50,447	\$ 50,447	\$ 60	\$ 60	\$ 40,560	\$ 47,861	\$ 47,861	\$ 48,872
95903	MOTOR NERVE CONDUCTIO	543		\$ 96		\$ 52,128	\$ 52,128	\$ 52,128	\$ 52,128	\$ 52,128	\$ 52,128	\$ 52,128	\$ 59	\$ 59	\$ 31,782	\$ 46,401	\$ 47,673	\$ 47,673	\$ 64	\$ 64	\$ 34,752	\$ 41,007	\$ 41,007	\$ 41,702
95904	SENSE NERVE CONDUCTIO	1,173		\$ 73		\$ 85,043	\$ 85,043	\$ 85,043	\$ 85,043	\$ 85,043	\$ 85,043	\$ 85,043	\$ 44	\$ 44	\$ 51,612	\$ 75,354	\$ 77,418	\$ 77,418	\$ 51	\$ 51	\$ 59,823	\$ 70,691	\$ 70,691	\$ 71,788
97001	PHYSICAL THERAPY EVALU	4,512		\$ 101		\$ 453,456	\$ 453,456	\$ 453,456	\$ 453,456	\$ 453,456	\$ 453,456	\$ 453,456	\$ 68	\$ 68	\$ 299,597	\$ 437,411	\$ 448,395	\$ 448,395	\$ 73	\$ 73	\$ 328,376	\$ 398,684	\$ 398,684	\$ 406,251
97002	PHYSICAL THERAPY RE-EV	1,304		\$ 55		\$ 71,720	\$ 71,720	\$ 71,720	\$ 71,720	\$ 71,720	\$ 71,720	\$ 71,720	\$ 36	\$ 36	\$ 46,709	\$ 68,196	\$ 70,064	\$ 70,064	\$ 52	\$ 52	\$ 40,186	\$ 47,431	\$ 47,431	\$ 48,235
97003	OCCUPATIONAL THERAPY	773		\$ 113		\$ 86,963	\$ 86,963	\$ 86,963	\$ 86,963	\$ 86,963	\$ 86,963	\$ 86,963	\$ 71	\$ 71	\$ 54,991	\$ 80,287	\$ 82,487	\$ 82,487	\$ 14	\$ 14	\$ 31,332	\$ 36,972	\$ 36,972	\$ 37,598
97012	PHYS MED TRTMT-1 AREA	2,238		\$ 22		\$ 48,117	\$ 48,117	\$ 48,117	\$ 48,117	\$ 48,117	\$ 48,117	\$ 48,117	\$ 14	\$ 14	\$ 31,019	\$ 45,287	\$ 46,528	\$ 46,528	\$ 11	\$ 11	\$ 118,503	\$ 139,951	\$ 139,951	\$ 142,323
97014	PHYS MED TRTMT-1 AREA	10,901		\$ 20		\$ 218,020	\$ 218,020	\$ 218,020	\$ 218,020	\$ 218,020	\$ 218,020	\$ 218,020	\$ 15	\$ 15	\$ 19,849	\$ 28,979	\$ 29,773	\$ 29,773	\$ 11	\$ 11	\$ 118,503	\$ 139,951	\$ 139,951	\$ 142,323
97016	PHYS MED TRTMT-1 AREA	1,353		\$ 24		\$ 32,472	\$ 32,472	\$ 32,472	\$ 32,472	\$ 32,472	\$ 32,472	\$ 32,472	\$ 17	\$ 17	\$ 40,141	\$ 58,908	\$ 60,212	\$ 60,212	\$ 14	\$ 14	\$ 132,300	\$ 156,114	\$ 156,114	\$ 158,780
97022	WHIRLPOOL	2,371		\$ 29		\$ 68,759	\$ 68,759	\$ 68,759	\$ 68,759	\$ 68,759	\$ 68,759	\$ 68,759	\$ 16	\$ 16	\$ 146,475	\$ 213,854	\$ 219,713	\$ 219,713	\$ 22	\$ 22	\$ 1,597,654	\$ 1,849,832	\$ 1,849,832	\$ 1,881,185
97033	ELECTRICAL STIMULATION	9,450		\$ 25		\$ 238,250	\$ 238,250	\$ 238,250	\$ 238,250	\$ 238,250	\$ 238,250	\$ 238,250	\$ 24	\$ 24	\$ 17,759	\$ 25,928	\$ 26,698	\$ 26,698	\$ 19	\$ 19	\$ 14,231	\$ 18,783	\$ 18,783	\$ 19,077
97035	ULTRASOUND THERAPY	2,154		\$ 40		\$ 86,160	\$ 86,160	\$ 86,160	\$ 86,160	\$ 86,160	\$ 86,160	\$ 86,160	\$ 22	\$ 22	\$ 1,908,262	\$ 2,798,083	\$ 2,862,394	\$ 2,862,394	\$ 22	\$ 22	\$ 1,597,654	\$ 1,849,832	\$ 1,849,832	\$ 1,881,185
97110	THERAPEUTIC PROCEDURE	10,589		\$ 17		\$ 180,013	\$ 180,013	\$ 180,013	\$ 180,013	\$ 180,013	\$ 180,013	\$ 180,013	\$ 11	\$ 11	\$ 118,067	\$ 172,378	\$ 177,101	\$ 177,101	\$ 12	\$ 12	\$ 127,068	\$ 149,940	\$ 149,940	\$ 152,482
97112	NEUROMUSCULAR RE-EV	71,257		\$ 42		\$ 2,992,784	\$ 2,992,784	\$ 2,992,784	\$ 2,992,784	\$ 2,992,784	\$ 2,992,784	\$ 2,992,784	\$ 27	\$ 27	\$ 1,908,262	\$ 2,798,083	\$ 2,862,394	\$ 2,862,394	\$ 22	\$ 22	\$ 1,597,654	\$ 1,849,832	\$ 1,849,832	\$ 1,881,185
97113	AQUATIC THERAPY	4,371		\$ 44		\$ 192,324	\$ 192,324	\$ 192,324	\$ 192,324	\$ 192,324	\$ 192,324	\$ 192,324	\$ 28	\$ 28	\$ 122,038	\$ 178,175	\$ 183,057	\$ 183,057	\$ 21	\$ 21	\$ 290,451	\$ 342,732	\$ 342,732	\$ 348,541
97116	GAIT TRAINING	786		\$ 55		\$ 42,837	\$ 42,837	\$ 42,837	\$ 42,837	\$ 42,837	\$ 42,837	\$ 42,837	\$ 33	\$ 33	\$ 26,174	\$ 38,214	\$ 39,261	\$ 39,261	\$ 21	\$ 21	\$ 16,508	\$ 19,477	\$ 19,477	\$ 19,807
97124	MANUAL THERAPY	749		\$ 37		\$ 27,713	\$ 27,713	\$ 27,713	\$ 27,713	\$ 27,713	\$ 27,713	\$ 27,713	\$ 24	\$ 24	\$ 17,759	\$ 25,928	\$ 26,698	\$ 26,698	\$ 19	\$ 19	\$ 14,231	\$ 18,783	\$ 18,783	\$ 19,077
97530	THERAPEUTIC ACTIVITY	25,583		\$ 34		\$ 50,626	\$ 50,626	\$ 50,626	\$ 50,626	\$ 50,626	\$ 50,626	\$ 50,626	\$ 22	\$ 22	\$ 32,207	\$ 47,022	\$ 48,311	\$ 48,311	\$ 17	\$ 17	\$ 25,313	\$ 29,869	\$ 29,869	\$ 30,376
97540	THERAPEUTIC ACTIVITY	13,831		\$ 45		\$ 997,737	\$ 997,737	\$ 997,737	\$ 997,737	\$ 997,737	\$ 997,737	\$ 997,737	\$ 25	\$ 25	\$ 642,133	\$ 937,515	\$ 983,200	\$ 983,200	\$ 28	\$ 28	\$ 695,158	\$ 784,896	\$ 784,896	\$ 798,190
97535	SELF CARE MGMT TRAININ	735		\$ 45		\$ 33,075	\$ 33,075	\$ 33,075	\$ 33,075	\$ 33,075	\$ 33,075	\$ 33,075	\$ 29	\$ 29	\$ 21,124	\$ 30,841	\$ 31,888	\$ 31,888	\$ 21	\$ 21	\$ 290,451	\$ 342,732	\$ 342,732	\$ 348,541
97750	PHYS PERFORMANCE TEST	1,516		\$ 43		\$ 65,188	\$ 65,188	\$ 65,188	\$ 65,188	\$ 65,188	\$ 65,188	\$ 65,188	\$ 32	\$ 32	\$ 41,842	\$ 61,089	\$ 62,762	\$ 62,762	\$ 21	\$ 21	\$ 31,836	\$ 37,595	\$ 37,595	\$ 38,203
98941	CHIROPRACTIC MANIPULA	1,324		\$ 49	\$ 43	\$ 62,880	\$ 62,880	\$ 62,880	\$ 62,880	\$ 62,880	\$ 62,880	\$ 62,880	\$ 62	\$ 45	\$ 146,230	\$ 213,496	\$ 219,346	\$ 219,346	\$ 60	\$ 43	\$ 140,267	\$ 166,515	\$ 166,515	\$ 168,320
99202	NEW EM OFFICE VISIT	2,516		\$ 98	\$ 70	\$ 228,642	\$ 228,642	\$ 228,642	\$ 228,642	\$ 228,642	\$ 228,642	\$ 228,642	\$ 45	\$ 45	\$ 146,230	\$ 213,496	\$ 219,346	\$ 219,346	\$ 60	\$ 43	\$ 140,267	\$ 166,515	\$ 166,515	\$ 168,320
99203	NEW EM OFFICE VISIT	5,705		\$ 142	\$ 106	\$ 755,913	\$ 755,913	\$ 755,913	\$ 755,913	\$ 755,913	\$ 755,913	\$ 755,913	\$ 90	\$ 68	\$ 483,955	\$ 708,575	\$ 725,933	\$ 725,933	\$ 86	\$ 65	\$ 450,879	\$ 543,801	\$ 543,801	\$ 552,815
99204	NEW EM OFFICE VISIT	2,308		\$ 220	\$ 180	\$ 483,526	\$ 483,526	\$ 483,526	\$ 483,526	\$ 483,526	\$ 483,526	\$ 483,526	\$ 141	\$ 115	\$ 309,837	\$ 452,983	\$ 464,756	\$ 464,756	\$ 134	\$ 109	\$ 294,847	\$ 347,819	\$ 347,819	\$ 353,816
99205	NEW EM OFFICE VISIT	285		\$ 274	\$ 231	\$ 77,511	\$ 77,511	\$ 77,511	\$ 77,511	\$ 77,511	\$ 77,511	\$ 77,511	\$ 177	\$ 149	\$ 50,197	\$ 73,288	\$ 75,296	\$ 75,296	\$ 170	\$ 142	\$ 48,095	\$ 56,740	\$ 56,740	\$ 57,702
99211	ESTAB EM OFFICE VISIT	1,133		\$ 25	\$ 13	\$ 24,926	\$ 24,926	\$ 24,926	\$ 24,926	\$ 24,926	\$ 24,926	\$ 24,926	\$ 18	\$ 8	\$ 17,360	\$ 25,346	\$ 26,041							

Effect of Different Payment Methods on WC System

Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures

Sorted by CPT Code

CPT Code	Procedure Description	2008 Procedures	Single CF		Multiple Conversion Factors						2010 SC Medicare Payment				State Health Plan				Page	5		
			CF = \$50 All Codes		\$52 Surg \$50 All Others	\$55 Surg \$50 All Others	\$58 Surg \$50 All Others	Plus			Total		Total		Total							
			Non-Fac	Facility				Non-Fac	Facility	Total	46%	50%	Non-Fac	Facility	Non-Fac	Facility	18%	Plus			20%	
99242	OFF CONSULT-NEW/EST P	262	\$ 127	\$ 98	\$ 31,342	\$ 31,342	\$ 31,342	\$ 31,342	\$ 31,342	\$ 31,342	\$ 31,342	\$ 31,342	\$ 31,342	\$ 45,759	\$ 47,013	\$ 47,013	\$ 85	\$ 66	\$ 21,028	\$ 24,810	\$ 24,810	\$ 25,231
99243	OFFICE CONSULTATION	1,346	\$ 174	\$ 136	\$ 221,241	\$ 221,241	\$ 221,241	\$ 221,241	\$ 221,241	\$ 221,241	\$ 221,241	\$ 221,241	\$ 221,241	\$ 323,011	\$ 331,861	\$ 331,861	\$ 117	\$ 92	\$ 148,291	\$ 176,183	\$ 176,183	\$ 179,149
99244	OFFICE CONSULTATION	1,170	\$ 257	\$ 216	\$ 288,698	\$ 288,698	\$ 288,698	\$ 288,698	\$ 288,698	\$ 288,698	\$ 288,698	\$ 288,698	\$ 288,698	\$ 421,498	\$ 433,046	\$ 433,046	\$ 175	\$ 147	\$ 196,960	\$ 231,941	\$ 231,941	\$ 235,872
99245	OFFICE CONSULTATION	309	\$ 314	\$ 268	\$ 93,473	\$ 93,473	\$ 93,473	\$ 93,473	\$ 93,473	\$ 93,473	\$ 93,473	\$ 93,473	\$ 93,473	\$ 136,470	\$ 140,209	\$ 140,209	\$ 215	\$ 183	\$ 63,963	\$ 75,476	\$ 75,476	\$ 78,758
99282	ER DPT VISIT LOW	2,097	\$ 58	\$ 58	\$ 121,626	\$ 121,626	\$ 121,626	\$ 121,626	\$ 121,626	\$ 121,626	\$ 121,626	\$ 121,626	\$ 121,626	\$ 116,280	\$ 119,466	\$ 119,466	\$ 38	\$ 38	\$ 78,696	\$ 94,029	\$ 94,029	\$ 95,623
99283	ER DPT VISIT MOD	5,442	\$ 88	\$ 88	\$ 476,175	\$ 476,175	\$ 476,175	\$ 476,175	\$ 476,175	\$ 476,175	\$ 476,175	\$ 476,175	\$ 476,175	\$ 460,113	\$ 472,719	\$ 472,719	\$ 77	\$ 77	\$ 419,034	\$ 494,460	\$ 494,460	\$ 502,841
99284	ER DPT VISIT HIGH	2,236	\$ 164	\$ 164	\$ 365,596	\$ 365,596	\$ 365,596	\$ 365,596	\$ 365,596	\$ 365,596	\$ 365,596	\$ 365,596	\$ 365,596	\$ 355,282	\$ 365,016	\$ 365,016	\$ 120	\$ 120	\$ 268,320	\$ 316,518	\$ 316,518	\$ 321,894
99285	ER DPT VISIT HIGH	691	\$ 239	\$ 239	\$ 165,149	\$ 165,149	\$ 165,149	\$ 165,149	\$ 165,149	\$ 165,149	\$ 165,149	\$ 165,149	\$ 165,149	\$ 162,194	\$ 168,639	\$ 168,639	\$ 188	\$ 188	\$ 129,908	\$ 153,291	\$ 153,291	\$ 155,890
99291	CRITICAL CARE E/M	178	\$ 363	\$ 306	\$ 62,078	\$ 62,078	\$ 62,078	\$ 62,078	\$ 62,078	\$ 62,078	\$ 62,078	\$ 62,078	\$ 62,078	\$ 60,180	\$ 61,829	\$ 61,829	\$ 279	\$ 229	\$ 47,437	\$ 55,976	\$ 55,976	\$ 58,824
99349	HOME VISIT, EST PATIENT	518	\$ 175	\$ 175	\$ 90,566	\$ 90,566	\$ 90,566	\$ 90,566	\$ 90,566	\$ 90,566	\$ 90,566	\$ 90,566	\$ 90,566	\$ 84,761	\$ 87,083	\$ 87,083	\$ 111	\$ 111	\$ 57,609	\$ 67,879	\$ 67,879	\$ 69,131

Effect of Adopting Different Payment Methods on Each CPT Code

Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures

Sorted by CPT Code

CPT Code	Procedure Description	2008 Procedures	2010 Rel. Value	Single Conv. Factor				Multiple Conversion Factors				2010 SC Medicare Payment				State Health Plan			
				Surg. CF= \$50		Other CF= \$50		Surg. CF = \$55		Other CF = \$50		Surg. CF = \$58		Other CF = \$50		Plus 50%		Plus 20%	
				Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility
11012	SKIN SUBCUTANEOUS INJECTION	84	18.31	11.69	\$ 585	\$ 916	\$ 608	\$ 1,007	\$ 843	\$ 1,062	\$ 678	\$ 589	\$ 375	\$ 883	\$ 592	\$ 786	\$ 483	\$ 943	\$ 556
12001	SIMPLE REPAIR OF LACERATION	1,080	4.11	2.92	\$ 146	\$ 208	\$ 152	\$ 228	\$ 181	\$ 238	\$ 189	\$ 127	\$ 91	\$ 180	\$ 137	\$ 119	\$ 115	\$ 143	\$ 138
20011	SIMPLE REPAIR OF NECK, TRUNK	597	4.36	3.23	\$ 218	\$ 162	\$ 168	\$ 240	\$ 178	\$ 253	\$ 187	\$ 135	\$ 101	\$ 202	\$ 151	\$ 146	\$ 126	\$ 175	\$ 151
20012	SIMPLE REPAIR OF FACE, ARM	160	4.34	2.89	\$ 217	\$ 150	\$ 155	\$ 238	\$ 184	\$ 252	\$ 173	\$ 135	\$ 94	\$ 202	\$ 141	\$ 135	\$ 120	\$ 162	\$ 144
26000	SPLINT GRASP TRUNK, GRASP ARM	28	22.68	19.42	\$ 1,135	\$ 971	\$ 1,190	\$ 1,010	\$ 1,248	\$ 1,068	\$ 1,316	\$ 727	\$ 614	\$ 1,081	\$ 922	\$ 691	\$ 589	\$ 828	\$ 827
26120	SPLIT GRAFT FACE, NECK, GITS	23	25.47	21.53	\$ 1,274	\$ 1,077	\$ 1,324	\$ 1,120	\$ 1,401	\$ 1,184	\$ 1,477	\$ 801	\$ 680	\$ 1,202	\$ 1,019	\$ 1,012	\$ 1,012	\$ 1,214	\$ 1,214
26532	INJECT TENDON, GAITER, GYST	280	1.52	1.14	\$ 76	\$ 57	\$ 79	\$ 59	\$ 84	\$ 63	\$ 89	\$ 50	\$ 37	\$ 74	\$ 55	\$ 65	\$ 50	\$ 78	\$ 60
26533	INJECT SINGLE JOINT, TENDON	280	1.42	1.04	\$ 71	\$ 52	\$ 74	\$ 54	\$ 78	\$ 57	\$ 82	\$ 45	\$ 33	\$ 68	\$ 49	\$ 50	\$ 33	\$ 60	\$ 40
26534	DRYAN INJECT JOINT, TENDON	1,528	2.08	1.37	\$ 104	\$ 69	\$ 108	\$ 71	\$ 114	\$ 75	\$ 121	\$ 65	\$ 44	\$ 98	\$ 66	\$ 79	\$ 58	\$ 95	\$ 70
26535	REMOVE IMPLANT DEEP WIRE PIN	198	16.08	11.49	\$ 804	\$ 575	\$ 836	\$ 597	\$ 884	\$ 632	\$ 933	\$ 508	\$ 362	\$ 759	\$ 544	\$ 497	\$ 340	\$ 596	\$ 408
22353	ARTHROSCOPIC ANTERIOR LIGAM	81	34.17	28.17	\$ 1,708	\$ 1,177	\$ 1,777	\$ 1,177	\$ 1,879	\$ 1,177	\$ 1,932	\$ 1,070	\$ -	\$ -	\$ 1,605	\$ 2,052	\$ 2,052	\$ 2,462	\$ 2,462
22354	ARTHROSCOPIC ANTERIOR LIGAM	49	41.94	34.17	\$ 2,097	\$ 1,181	\$ 2,181	\$ 1,181	\$ 2,307	\$ 1,181	\$ 2,433	\$ 1,320	\$ -	\$ -	\$ 1,980	\$ 1,788	\$ 1,788	\$ 2,146	\$ 2,146
22355	ARTHROSCOPIC ANTERIOR LIGAM	84	9.27	9.27	\$ 464	\$ 482	\$ 482	\$ 482	\$ 510	\$ 510	\$ 538	\$ 299	\$ -	\$ -	\$ 439	\$ 553	\$ 553	\$ 684	\$ 684
22356	ARTHROSCOPIC ANTERIOR LIGAM	125	43.22	43.22	\$ 2,161	\$ 2,247	\$ 2,247	\$ 2,247	\$ 2,377	\$ 2,377	\$ 2,507	\$ 1,357	\$ -	\$ -	\$ 2,096	\$ 2,299	\$ 2,299	\$ 2,759	\$ 2,759
22357	ARTHROSCOPIC POSTERIOR LIGAM	74	10.78	10.78	\$ 539	\$ 591	\$ 591	\$ 591	\$ 625	\$ 625	\$ 665	\$ 342	\$ -	\$ -	\$ 513	\$ 494	\$ 494	\$ 593	\$ 593
22358	ARTHROSCOPIC POSTERIOR LIGAM	102	41.67	41.67	\$ 2,084	\$ 2,167	\$ 2,167	\$ 2,167	\$ 2,282	\$ 2,282	\$ 2,417	\$ 1,301	\$ -	\$ -	\$ 1,952	\$ 2,301	\$ 2,301	\$ 2,761	\$ 2,761
22359	ARTHROSCOPIC POSTERIOR LIGAM	82	21.06	21.06	\$ 1,053	\$ 1,095	\$ 1,095	\$ 1,095	\$ 1,158	\$ 1,158	\$ 1,221	\$ 667	\$ -	\$ -	\$ 1,000	\$ 952	\$ 952	\$ 1,142	\$ 1,142
22360	ARTHROSCOPIC POSTERIOR LIGAM	58	20.25	20.25	\$ 1,054	\$ 1,096	\$ 1,096	\$ 1,096	\$ 1,159	\$ 1,159	\$ 1,223	\$ 668	\$ -	\$ -	\$ 1,002	\$ 952	\$ 952	\$ 1,142	\$ 1,142
22361	ARTHROSCOPIC POSTERIOR LIGAM	102	11.27	11.27	\$ 1,013	\$ 1,053	\$ 1,053	\$ 1,053	\$ 1,114	\$ 1,114	\$ 1,175	\$ 637	\$ -	\$ -	\$ 855	\$ 1,285	\$ 1,285	\$ 1,542	\$ 1,542
22362	ARTHROSCOPIC POSTERIOR LIGAM	194	15.53	15.53	\$ 554	\$ 586	\$ 586	\$ 586	\$ 620	\$ 620	\$ 654	\$ 356	\$ -	\$ -	\$ 534	\$ 567	\$ 567	\$ 680	\$ 680
22363	ARTHROSCOPIC POSTERIOR LIGAM	56	13.39	13.39	\$ 777	\$ 808	\$ 808	\$ 808	\$ 854	\$ 854	\$ 901	\$ 489	\$ -	\$ -	\$ 734	\$ 696	\$ 696	\$ 823	\$ 823
22364	ARTHROSCOPIC POSTERIOR LIGAM	127	22.07	22.07	\$ 1,104	\$ 1,146	\$ 1,146	\$ 1,146	\$ 1,214	\$ 1,214	\$ 1,280	\$ 705	\$ -	\$ -	\$ 1,058	\$ 1,111	\$ 1,111	\$ 1,333	\$ 1,333
22365	ARTHROSCOPIC POSTERIOR LIGAM	49	22.96	22.96	\$ 1,149	\$ 1,196	\$ 1,196	\$ 1,196	\$ 1,264	\$ 1,264	\$ 1,333	\$ 735	\$ -	\$ -	\$ 1,103	\$ 1,200	\$ 1,200	\$ 1,440	\$ 1,440
22366	ARTHROSCOPIC POSTERIOR LIGAM	77	19.79	19.79	\$ 990	\$ 1,029	\$ 1,029	\$ 1,029	\$ 1,088	\$ 1,088	\$ 1,148	\$ 630	\$ -	\$ -	\$ 945	\$ 908	\$ 908	\$ 1,091	\$ 1,091
22367	ARTHROSCOPIC POSTERIOR LIGAM	39	8.72	8.72	\$ 436	\$ 453	\$ 453	\$ 453	\$ 480	\$ 480	\$ 506	\$ 280	\$ -	\$ -	\$ 435	\$ 425	\$ 425	\$ 510	\$ 510
22368	ARTHROSCOPIC POSTERIOR LIGAM	41	16.72	16.72	\$ 838	\$ 869	\$ 869	\$ 869	\$ 920	\$ 920	\$ 970	\$ 567	\$ -	\$ -	\$ 851	\$ 937	\$ 937	\$ 1,124	\$ 1,124
22369	ARTHROSCOPIC POSTERIOR LIGAM	24	13.04	13.04	\$ 652	\$ 678	\$ 678	\$ 678	\$ 717	\$ 717	\$ 756	\$ 451	\$ -	\$ -	\$ 677	\$ 800	\$ 800	\$ 960	\$ 960
22370	ARTHROSCOPIC POSTERIOR LIGAM	29	18.49	18.49	\$ 825	\$ 857	\$ 857	\$ 857	\$ 907	\$ 907	\$ 959	\$ 560	\$ -	\$ -	\$ 841	\$ 950	\$ 950	\$ 1,140	\$ 1,140
22371	ARTHROSCOPIC POSTERIOR LIGAM	20	22.14	22.14	\$ 1,107	\$ 1,151	\$ 1,151	\$ 1,151	\$ 1,218	\$ 1,218	\$ 1,284	\$ 700	\$ -	\$ -	\$ 1,049	\$ 953	\$ 953	\$ 1,144	\$ 1,144
22372	ARTHROSCOPIC POSTERIOR LIGAM	23	8.01	8.01	\$ 401	\$ 417	\$ 417	\$ 417	\$ 441	\$ 441	\$ 465	\$ 250	\$ -	\$ -	\$ 375	\$ 398	\$ 398	\$ 465	\$ 465
22373	ARTHROSCOPIC POSTERIOR LIGAM	75	27.95	27.95	\$ 1,398	\$ 1,453	\$ 1,453	\$ 1,453	\$ 1,537	\$ 1,537	\$ 1,621	\$ 898	\$ -	\$ -	\$ 1,348	\$ 1,102	\$ 1,102	\$ 1,322	\$ 1,322
22374	ARTHROSCOPIC POSTERIOR LIGAM	46	14.21	14.21	\$ 711	\$ 739	\$ 739	\$ 739	\$ 782	\$ 782	\$ 824	\$ 488	\$ -	\$ -	\$ 702	\$ 733	\$ 733	\$ 880	\$ 880

Effect of Adopting Different Payment Methods on Each CPT Code Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures Sorted by CPT Code

CPT Code	Procedure Description	2008 Procedures	2010 Rel. Values		Single Conv. Factor				Multiple Conversion Factors				2010 SC Medicare Payment				State Health Plan			
			Non-Fac	Facility	Surg. CF = \$50		Surg. CF = \$52		Surg. CF = \$55		Surg. CF = \$58		Non-Fac	Facility	Plus 60%		Non-Fac	Facility	Plus 20%	
					Other CF = \$50	Non-Fac	Facility	Other CF = \$50	Non-Fac	Facility	Other CF = \$50	Non-Fac	Other CF = \$50	Facility	Non-Fac	Facility	Other CF = \$50	Non-Fac	Facility	Other CF = \$50
20081	EXTENSION REPAIR FINGER FOR	62		14.41	\$ 721	\$ 748	\$ 793	\$ 836	\$ 472	\$ 709	\$ 705	\$ 706	\$ 847	\$ 847	\$ 705	\$ 706	\$ 847	\$ 847	\$ 847	\$ 847
20082	TENDON TRANSFER FINGER FOR	23		14.44	\$ 722	\$ 751	\$ 794	\$ 838	\$ 478	\$ 718	\$ 764	\$ 764	\$ 917	\$ 917	\$ 764	\$ 764	\$ 917	\$ 917	\$ 917	\$ 917
20083	TENDON TRANSFER FINGER FOR	29		15.20	\$ 760	\$ 790	\$ 836	\$ 882	\$ 471	\$ 705	\$ 584	\$ 584	\$ 677	\$ 677	\$ 584	\$ 584	\$ 677	\$ 677	\$ 677	\$ 677
20084	TENDON TRANSFER FINGER FOR	34		15.76	\$ 789	\$ 821	\$ 868	\$ 915	\$ 460	\$ 735	\$ 598	\$ 598	\$ 715	\$ 715	\$ 598	\$ 598	\$ 715	\$ 715	\$ 715	\$ 715
20085	TENDON TRANSFER FINGER FOR	49		13.17	\$ 659	\$ 685	\$ 724	\$ 764	\$ 403	\$ 605	\$ 465	\$ 465	\$ 558	\$ 558	\$ 465	\$ 465	\$ 558	\$ 558	\$ 558	\$ 558
20086	TENDON TRANSFER FINGER FOR	77		16.58	\$ 829	\$ 862	\$ 912	\$ 962	\$ 526	\$ 789	\$ 635	\$ 635	\$ 762	\$ 762	\$ 635	\$ 635	\$ 762	\$ 762	\$ 762	\$ 762
20087	TENDON TRANSFER FINGER FOR	23		16.49	\$ 825	\$ 857	\$ 907	\$ 958	\$ 539	\$ 808	\$ 658	\$ 658	\$ 792	\$ 792	\$ 658	\$ 658	\$ 792	\$ 792	\$ 792	\$ 792
20088	TENDON TRANSFER FINGER FOR	216	4.92	2.04	\$ 246	\$ 102	\$ 256	\$ 108	\$ 271	\$ 112	\$ 285	\$ 118	\$ 154	\$ 64	\$ 231	\$ 546	\$ 89	\$ 655	\$ 107	\$ 107
20089	TENDON TRANSFER FINGER FOR	13		33.42	\$ 1,671	\$ 1,738	\$ 1,839	\$ 1,938	\$ 1,074	\$ 1,611	\$ 1,653	\$ 1,653	\$ 1,986	\$ 1,986	\$ 1,653	\$ 1,653	\$ 1,986	\$ 1,986	\$ 1,986	\$ 1,986
20090	TENDON TRANSFER FINGER FOR	78		41.99	\$ 2,100	\$ 2,183	\$ 2,309	\$ 2,435	\$ 1,338	\$ 2,004	\$ 2,437	\$ 2,437	\$ 2,824	\$ 2,824	\$ 2,437	\$ 2,437	\$ 2,824	\$ 2,824	\$ 2,824	\$ 2,824
20091	TENDON TRANSFER FINGER FOR	18		36.29	\$ 1,815	\$ 1,887	\$ 1,996	\$ 2,105	\$ 1,152	\$ 1,726	\$ 1,928	\$ 1,928	\$ 2,311	\$ 2,311	\$ 1,928	\$ 1,928	\$ 2,311	\$ 2,311	\$ 2,311	\$ 2,311
20092	TENDON TRANSFER FINGER FOR	29		20.81	\$ 1,041	\$ 1,082	\$ 1,145	\$ 1,207	\$ 662	\$ 994	\$ 1,012	\$ 1,012	\$ 1,214	\$ 1,214	\$ 1,012	\$ 1,012	\$ 1,214	\$ 1,214	\$ 1,214	\$ 1,214
20093	TENDON TRANSFER FINGER FOR	17		30.24	\$ 1,512	\$ 1,572	\$ 1,663	\$ 1,754	\$ 878	\$ 1,487	\$ 1,350	\$ 1,350	\$ 1,620	\$ 1,620	\$ 1,350	\$ 1,350	\$ 1,620	\$ 1,620	\$ 1,620	\$ 1,620
20094	TENDON TRANSFER FINGER FOR	32		14.33	\$ 717	\$ 745	\$ 788	\$ 831	\$ 462	\$ 692	\$ 561	\$ 561	\$ 673	\$ 673	\$ 561	\$ 561	\$ 673	\$ 673	\$ 673	\$ 673
20095	TENDON TRANSFER FINGER FOR	19		21.39	\$ 1,070	\$ 1,112	\$ 1,176	\$ 1,241	\$ 695	\$ 1,043	\$ 1,019	\$ 1,019	\$ 1,223	\$ 1,223	\$ 1,019	\$ 1,019	\$ 1,223	\$ 1,223	\$ 1,223	\$ 1,223
20096	TENDON TRANSFER FINGER FOR	362	1.81	1.18	\$ 81	\$ 59	\$ 84	\$ 61	\$ 100	\$ 65	\$ 105	\$ 68	\$ 56	\$ 37	\$ 83	\$ 62	\$ 40	\$ 74	\$ 48	\$ 48
20097	TENDON TRANSFER FINGER FOR	40		28.62	\$ 1,431	\$ 1,488	\$ 1,574	\$ 1,660	\$ 912	\$ 1,358	\$ 1,086	\$ 1,086	\$ 1,303	\$ 1,303	\$ 1,086	\$ 1,086	\$ 1,303	\$ 1,303	\$ 1,303	\$ 1,303
20098	TENDON TRANSFER FINGER FOR	131		27.88	\$ 1,394	\$ 1,450	\$ 1,533	\$ 1,617	\$ 889	\$ 1,333	\$ 1,058	\$ 1,058	\$ 1,270	\$ 1,270	\$ 1,058	\$ 1,058	\$ 1,270	\$ 1,270	\$ 1,270	\$ 1,270
20099	TENDON TRANSFER FINGER FOR	183		15.38	\$ 769	\$ 800	\$ 846	\$ 892	\$ 489	\$ 733	\$ 854	\$ 854	\$ 1,025	\$ 1,025	\$ 854	\$ 854	\$ 1,025	\$ 1,025	\$ 1,025	\$ 1,025
20100	TENDON TRANSFER FINGER FOR	183		16.82	\$ 841	\$ 875	\$ 925	\$ 976	\$ 535	\$ 803	\$ 1,073	\$ 1,073	\$ 1,288	\$ 1,288	\$ 1,073	\$ 1,073	\$ 1,288	\$ 1,288	\$ 1,288	\$ 1,288
20101	TENDON TRANSFER FINGER FOR	253		18.12	\$ 906	\$ 942	\$ 997	\$ 1,051	\$ 574	\$ 861	\$ 865	\$ 865	\$ 798	\$ 798	\$ 865	\$ 865	\$ 798	\$ 798	\$ 798	\$ 798
20102	TENDON TRANSFER FINGER FOR	46		15.67	\$ 784	\$ 815	\$ 862	\$ 909	\$ 498	\$ 748	\$ 766	\$ 766	\$ 919	\$ 919	\$ 766	\$ 766	\$ 919	\$ 919	\$ 919	\$ 919
20103	TENDON TRANSFER FINGER FOR	546		17.92	\$ 896	\$ 932	\$ 985	\$ 1,038	\$ 571	\$ 857	\$ 1,151	\$ 1,151	\$ 1,381	\$ 1,381	\$ 1,151	\$ 1,151	\$ 1,381	\$ 1,381	\$ 1,381	\$ 1,381
20104	TENDON TRANSFER FINGER FOR	68		13.93	\$ 697	\$ 724	\$ 766	\$ 808	\$ 443	\$ 665	\$ 757	\$ 757	\$ 908	\$ 908	\$ 757	\$ 757	\$ 908	\$ 908	\$ 908	\$ 908
20105	TENDON TRANSFER FINGER FOR	60		10.93	\$ 547	\$ 568	\$ 601	\$ 634	\$ 347	\$ 520	\$ 645	\$ 645	\$ 774	\$ 774	\$ 645	\$ 645	\$ 774	\$ 774	\$ 774	\$ 774
20106	TENDON TRANSFER FINGER FOR	33		14.36	\$ 718	\$ 747	\$ 790	\$ 833	\$ 457	\$ 695	\$ 888	\$ 888	\$ 1,066	\$ 1,066	\$ 888	\$ 888	\$ 1,066	\$ 1,066	\$ 1,066	\$ 1,066
20107	TENDON TRANSFER FINGER FOR	71		17.56	\$ 878	\$ 913	\$ 966	\$ 1,018	\$ 557	\$ 835	\$ 1,017	\$ 1,017	\$ 1,220	\$ 1,220	\$ 1,017	\$ 1,017	\$ 1,220	\$ 1,220	\$ 1,220	\$ 1,220
20108	TENDON TRANSFER FINGER FOR	256		18.65	\$ 833	\$ 865	\$ 916	\$ 966	\$ 527	\$ 791	\$ 937	\$ 937	\$ 1,124	\$ 1,124	\$ 937	\$ 937	\$ 1,124	\$ 1,124	\$ 1,124	\$ 1,124
20109	TENDON TRANSFER FINGER FOR	84		17.76	\$ 888	\$ 924	\$ 977	\$ 1,030	\$ 563	\$ 845	\$ 1,016	\$ 1,016	\$ 1,219	\$ 1,219	\$ 1,016	\$ 1,016	\$ 1,219	\$ 1,219	\$ 1,219	\$ 1,219
20110	TENDON TRANSFER FINGER FOR	150		18.52	\$ 926	\$ 963	\$ 1,019	\$ 1,074	\$ 588	\$ 862	\$ 1,061	\$ 1,061	\$ 1,273	\$ 1,273	\$ 1,061	\$ 1,061	\$ 1,273	\$ 1,273	\$ 1,273	\$ 1,273
20111	TENDON TRANSFER FINGER FOR	484		17.31	\$ 868	\$ 900	\$ 952	\$ 1,004	\$ 549	\$ 823	\$ 974	\$ 974	\$ 1,169	\$ 1,169	\$ 974	\$ 974	\$ 1,169	\$ 1,169	\$ 1,169	\$ 1,169
20112	TENDON TRANSFER FINGER FOR	31		18.73	\$ 937	\$ 974	\$ 1,030	\$ 1,086	\$ 594	\$ 880	\$ 1,057	\$ 1,057	\$ 1,268	\$ 1,268	\$ 1,057	\$ 1,057	\$ 1,268	\$ 1,268	\$ 1,268	\$ 1,268
20113	TENDON TRANSFER FINGER FOR	27		18.62	\$ 931	\$ 964	\$ 1,014	\$ 1,066	\$ 721	\$ 1,081	\$ 1,271	\$ 1,271	\$ 1,486	\$ 1,486	\$ 1,271	\$ 1,271	\$ 1,486	\$ 1,486	\$ 1,486	\$ 1,486
20114	TENDON TRANSFER FINGER FOR	93		28.80	\$ 1,340	\$ 1,394	\$ 1,474	\$ 1,554	\$ 852	\$ 1,278	\$ 1,633	\$ 1,633	\$ 1,980	\$ 1,980	\$ 1,633	\$ 1,633	\$ 1,980	\$ 1,980	\$ 1,980	\$ 1,980

Effect of Adopting Different Payment Methods on Each CPT Code

Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures

Sorted by CPT Code

CPT Code	Procedure Description	2008 Procedures	2010 Rel. Values		Single Conv. Factor				Multiple Conversion Factors				2010 SC Medicare Fee Schedule				2010 State Health Plan			
			Non-Fac	Facility	Surg. CF = \$50		Other CF = \$50		Surg. CF = \$65		Other CF = \$60		Non-Fac	Facility	Plus 50%		Non-Fac	Facility	Plus 20%	
					Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility								
70000	ARTHROSCOPY, ANKLE, BILATERAL	34	15.48	\$ 774	\$ 805	\$ 851	\$ 851	\$ 851	\$ 851	\$ 851	\$ 851	\$ 851	\$ 501	\$ 752	\$ 752	\$ 752	\$ 1,014	\$ 1,217	\$ 1,217	\$ 1,217
70005	REPAIR, TENDON	94	14.12	\$ 706	\$ 734	\$ 777	\$ 777	\$ 777	\$ 777	\$ 777	\$ 777	\$ 777	\$ 438	\$ 688	\$ 688	\$ 688	\$ 634	\$ 634	\$ 761	\$ 761
70200	INJECTION, MYELOGRAPHY, W/ CONTRAST	137	2.33	\$ 117	\$ 121	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 187	\$ 80	\$ 281	\$ 120	\$ 286	\$ 178	\$ 343	\$ 214
70205	INJECTION, JOINT, COGNATE	209	8.72	\$ 436	\$ 248	\$ 262	\$ 262	\$ 262	\$ 262	\$ 262	\$ 262	\$ 262	\$ 187	\$ 80	\$ 281	\$ 120	\$ 333	\$ 228	\$ 400	\$ 274
70210	NEUROSURGERY, CERVICAL	274	2.98	\$ 312	\$ 149	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 181	\$ 92	\$ 287	\$ 139	\$ 246	\$ 109	\$ 295	\$ 131
70215	NEUROSURGERY, CERVICAL	906	5.21	\$ 281	\$ 122	\$ 271	\$ 134	\$ 134	\$ 134	\$ 134	\$ 134	\$ 134	\$ 166	\$ 76	\$ 249	\$ 115	\$ 241	\$ 89	\$ 289	\$ 107
70220	NEUROSURGERY, CERVICAL	133	26.03	\$ 1,302	\$ 1,354	\$ 1,432	\$ 1,432	\$ 1,432	\$ 1,432	\$ 1,432	\$ 1,432	\$ 1,432	\$ 808	\$ 1,213	\$ 1,391	\$ 1,391	\$ 1,977	\$ 2,372	\$ 2,372	\$ 2,372
70225	NEUROSURGERY, CERVICAL	53	35.17	\$ 1,759	\$ 1,828	\$ 1,934	\$ 1,934	\$ 1,934	\$ 1,934	\$ 1,934	\$ 1,934	\$ 1,934	\$ 1,100	\$ 1,650	\$ 1,877	\$ 1,877	\$ 2,605	\$ 2,605	\$ 2,605	\$ 2,605
70230	NEUROSURGERY, CERVICAL	102	28.62	\$ 1,481	\$ 1,540	\$ 1,629	\$ 1,629	\$ 1,629	\$ 1,629	\$ 1,629	\$ 1,629	\$ 1,629	\$ 925	\$ 1,387	\$ 1,721	\$ 1,721	\$ 2,065	\$ 2,065	\$ 2,065	\$ 2,065
70235	NEUROSURGERY, CERVICAL	21	40.09	\$ 2,005	\$ 2,085	\$ 2,205	\$ 2,205	\$ 2,205	\$ 2,205	\$ 2,205	\$ 2,205	\$ 2,205	\$ 1,252	\$ 1,878	\$ 2,178	\$ 2,178	\$ 2,508	\$ 2,508	\$ 2,508	\$ 2,508
70240	DISSECTION, ANTERIOR, CERVICAL	81	37.04	\$ 1,852	\$ 1,928	\$ 2,037	\$ 2,037	\$ 2,037	\$ 2,037	\$ 2,037	\$ 2,037	\$ 2,037	\$ 1,155	\$ 1,732	\$ 2,090	\$ 2,090	\$ 2,508	\$ 2,508	\$ 2,508	\$ 2,508
70245	DISSECTION, POSTERIOR, CERVICAL	21	53.80	\$ 2,890	\$ 2,798	\$ 2,959	\$ 2,959	\$ 2,959	\$ 2,959	\$ 2,959	\$ 2,959	\$ 2,959	\$ 387	\$ 550	\$ 504	\$ 504	\$ 605	\$ 605	\$ 605	\$ 605
70250	DISSECTION, ANTERIOR, CERVICAL	86	11.95	\$ 598	\$ 621	\$ 657	\$ 657	\$ 657	\$ 657	\$ 657	\$ 657	\$ 657	\$ 713	\$ 1,068	\$ 888	\$ 888	\$ 1,042	\$ 1,042	\$ 1,042	\$ 1,042
70255	DISSECTION, POSTERIOR, CERVICAL	28	28.25	\$ 1,183	\$ 1,209	\$ 1,279	\$ 1,279	\$ 1,279	\$ 1,279	\$ 1,279	\$ 1,279	\$ 1,279	\$ 340	\$ 510	\$ 571	\$ 571	\$ 685	\$ 685	\$ 685	\$ 685
70260	DISSECTION, ANTERIOR, CERVICAL	58	10.87	\$ 549	\$ 570	\$ 603	\$ 603	\$ 603	\$ 603	\$ 603	\$ 603	\$ 603	\$ 89	\$ 111	\$ 128	\$ 128	\$ 154	\$ 154	\$ 154	\$ 154
70265	DISSECTION, POSTERIOR, CERVICAL	356	1.88	\$ 98	\$ 103	\$ 109	\$ 109	\$ 109	\$ 109	\$ 109	\$ 109	\$ 109	\$ 89	\$ 94	\$ 113	\$ 113	\$ 145	\$ 145	\$ 145	\$ 145
70270	DISSECTION, ANTERIOR, CERVICAL	213	2.77	\$ 139	\$ 144	\$ 152	\$ 152	\$ 152	\$ 152	\$ 152	\$ 152	\$ 152	\$ 231	\$ 231	\$ 241	\$ 241	\$ 280	\$ 280	\$ 280	\$ 280
70275	DISSECTION, POSTERIOR, CERVICAL	707	3.12	\$ 156	\$ 162	\$ 172	\$ 172	\$ 172	\$ 172	\$ 172	\$ 172	\$ 172	\$ 118	\$ 118	\$ 128	\$ 128	\$ 154	\$ 154	\$ 154	\$ 154
70280	DISSECTION, ANTERIOR, CERVICAL	275	1.88	\$ 98	\$ 103	\$ 109	\$ 109	\$ 109	\$ 109	\$ 109	\$ 109	\$ 109	\$ 89	\$ 94	\$ 113	\$ 113	\$ 145	\$ 145	\$ 145	\$ 145
70285	DISSECTION, POSTERIOR, CERVICAL	65	5.29	\$ 285	\$ 275	\$ 291	\$ 291	\$ 291	\$ 291	\$ 291	\$ 291	\$ 291	\$ 283	\$ 181	\$ 425	\$ 241	\$ 309	\$ 187	\$ 230	\$ 95
70290	DISSECTION, ANTERIOR, CERVICAL	54	15.69	\$ 785	\$ 816	\$ 863	\$ 863	\$ 863	\$ 863	\$ 863	\$ 863	\$ 863	\$ 489	\$ 733	\$ 733	\$ 733	\$ 707	\$ 707	\$ 848	\$ 848
70295	DISSECTION, POSTERIOR, CERVICAL	239	11.19	\$ 563	\$ 582	\$ 619	\$ 619	\$ 619	\$ 619	\$ 619	\$ 619	\$ 619	\$ 355	\$ 533	\$ 600	\$ 600	\$ 720	\$ 720	\$ 720	\$ 720
70300	DISSECTION, ANTERIOR, CERVICAL	43	18.37	\$ 919	\$ 955	\$ 1,010	\$ 1,010	\$ 1,010	\$ 1,010	\$ 1,010	\$ 1,010	\$ 1,010	\$ 579	\$ 868	\$ 726	\$ 726	\$ 871	\$ 871	\$ 871	\$ 871
70305	DISSECTION, POSTERIOR, CERVICAL	75	5.90	\$ 295	\$ 307	\$ 325	\$ 325	\$ 325	\$ 325	\$ 325	\$ 325	\$ 325	\$ 185	\$ 277	\$ 250	\$ 250	\$ 300	\$ 300	\$ 300	\$ 300
70460	CT OF HEAD/BRAIN W/O CONTRAST	1,027	3.63	\$ 182	\$ 182	\$ 182	\$ 182	\$ 182	\$ 182	\$ 182	\$ 182	\$ 182	\$ 176	\$ 284	\$ 388	\$ 388	\$ 468	\$ 468	\$ 468	\$ 468
70465	CT, MAXILLOFACIAL AREA, W/O CONTRAST	151	5.04	\$ 252	\$ 252	\$ 252	\$ 252	\$ 252	\$ 252	\$ 252	\$ 252	\$ 252	\$ 231	\$ 346	\$ 350	\$ 350	\$ 420	\$ 420	\$ 420	\$ 420
70561	MRI BRAIN W/O DYE	49	9.14	\$ 457	\$ 457	\$ 457	\$ 457	\$ 457	\$ 457	\$ 457	\$ 457	\$ 457	\$ 387	\$ 590	\$ 550	\$ 550	\$ 660	\$ 660	\$ 660	\$ 660
70563	MRI BRAIN W/O DYE	58	12.19	\$ 610	\$ 610	\$ 610	\$ 610	\$ 610	\$ 610	\$ 610	\$ 610	\$ 610	\$ 597	\$ 886	\$ 1,000	\$ 1,000	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
71010	X-RAY CHEST, SINGLE VIEW;	1,085	0.59	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 21	\$ 32	\$ 43	\$ 43	\$ 52	\$ 52	\$ 52	\$ 52
71020	X-RAY CHEST, TWO VIEWS;	1,180	0.76	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 38	\$ 28	\$ 42	\$ 56	\$ 56	\$ 67	\$ 67	\$ 67	\$ 67
71250	CT, THORAX, W/O CONTRAST	50	4.81	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 231	\$ 346	\$ 437	\$ 437	\$ 524	\$ 524	\$ 524	\$ 524
71260	CT, THORAX W/ DYE	222	5.76	\$ 288	\$ 288	\$ 288	\$ 288	\$ 288	\$ 288	\$ 288	\$ 288	\$ 288	\$ 277	\$ 415	\$ 591	\$ 591	\$ 708	\$ 708	\$ 708	\$ 708
71275	CT ANGIOGRAPHY, CHEST	43	12.28	\$ 614	\$ 614	\$ 614	\$ 614	\$ 614	\$ 614	\$ 614	\$ 614	\$ 614	\$ 400	\$ 600	\$ 388	\$ 388	\$ 468	\$ 468	\$ 468	\$ 468
72040	X-RAY SPINE, CERVICAL	1,034	0.99	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 33	\$ 49	\$ 55	\$ 55	\$ 66	\$ 66	\$ 66	\$ 66

Effect of Adopting Different Payment Methods on Each CPT Code

Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures

Sorted by CPT Code

CPT Code	Procedure Description	2008 Procedures	2010 Rel. Values		Single Conv. Factor				Multiple Conversion Factors				2010 SC Medicare Payment				State Health Plan			
			Non-Fac	Facility	Surg. CF= \$50		Surg. CF= \$52		Surg. CF = \$55		Surg. CF = \$58		Non-Fac	Facility	Plus 50%		Non-Fac	Facility	Plus 20%	
					Other CF= \$50	Facility	Other CF= \$50	Facility	Other CF = \$55	Facility	Other CF = \$58	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility
72050	X-RAY SPINE,CERVICAL;	555	\$ 68	\$ 86	\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 46	\$ 69	\$ 46	\$ 69	\$ 82	\$ 82	\$ 98	\$ 98
72070	X-RAY EXAM OF THORACIC SPINE	517	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 30	\$ 44	\$ 30	\$ 44	\$ 63	\$ 63	\$ 76	\$ 76
72100	X-RAY SPINE,LUMBOSACRAL;	2,433	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 34	\$ 52	\$ 34	\$ 52	\$ 66	\$ 66	\$ 79	\$ 79
72110	X-RAY SPINE,LUMBOSACRAL;	663	\$ 69	\$ 69	\$ 69	\$ 69	\$ 69	\$ 69	\$ 69	\$ 69	\$ 69	\$ 69	\$ 48	\$ 72	\$ 48	\$ 72	\$ 96	\$ 96	\$ 115	\$ 115
72125	CT, CERVICAL SPINE, W/O CONTRA	436	\$ 242	\$ 242	\$ 242	\$ 242	\$ 242	\$ 242	\$ 242	\$ 242	\$ 242	\$ 242	\$ 231	\$ 347	\$ 231	\$ 347	\$ 452	\$ 452	\$ 542	\$ 542
72131	CT, LUMBAR SPINE, W/O CONTRA	186	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 241	\$ 231	\$ 346	\$ 231	\$ 346	\$ 485	\$ 485	\$ 582	\$ 582
72132	CT LUMBAR SPINE W/ DYE	114	\$ 287	\$ 287	\$ 287	\$ 287	\$ 287	\$ 287	\$ 287	\$ 287	\$ 287	\$ 287	\$ 276	\$ 414	\$ 276	\$ 414	\$ 539	\$ 539	\$ 647	\$ 647
72141	MRI NECK SPINE W/O DYE	627	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 393	\$ 598	\$ 393	\$ 598	\$ 550	\$ 550	\$ 680	\$ 680
72146	MRI SPINAL CANAL/CONTENTS,TH	104	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 414	\$ 393	\$ 598	\$ 393	\$ 598	\$ 550	\$ 550	\$ 680	\$ 680
72148	MRI LUMBAR SPINE W/O DYE	907	\$ 406	\$ 406	\$ 406	\$ 406	\$ 406	\$ 406	\$ 406	\$ 406	\$ 406	\$ 406	\$ 387	\$ 597	\$ 387	\$ 597	\$ 583	\$ 583	\$ 720	\$ 720
72156	MRI NECK SPINE W/O & W/ DYE	57	\$ 615	\$ 615	\$ 615	\$ 615	\$ 615	\$ 615	\$ 615	\$ 615	\$ 615	\$ 615	\$ 507	\$ 911	\$ 507	\$ 911	\$ 1,000	\$ 1,000	\$ 1,200	\$ 1,200
72158	MRI LUMBAR SPINE W/O CONTRA	220	\$ 599	\$ 599	\$ 599	\$ 599	\$ 599	\$ 599	\$ 599	\$ 599	\$ 599	\$ 599	\$ 597	\$ 898	\$ 597	\$ 898	\$ 1,000	\$ 1,000	\$ 1,200	\$ 1,200
72170	X-RAY PELVIS; ANTEROP-S-	626	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 23	\$ 35	\$ 23	\$ 35	\$ 47	\$ 47	\$ 56	\$ 56
72182	CT, PELVIC, W/O CONTRAST	104	\$ 224	\$ 224	\$ 224	\$ 224	\$ 224	\$ 224	\$ 224	\$ 224	\$ 224	\$ 224	\$ 218	\$ 328	\$ 218	\$ 328	\$ 453	\$ 453	\$ 544	\$ 544
72193	CT PELVIS W/ DYE	313	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 282	\$ 393	\$ 282	\$ 393	\$ 486	\$ 486	\$ 583	\$ 583
72265	CONTRAST X-RAY, LOWER SPINE	98	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159	\$ 159	\$ 124	\$ 186	\$ 124	\$ 186	\$ 232	\$ 232	\$ 278	\$ 278
72285	DISKOGRAPHY LUMBAR RAD	144	\$ 132	\$ 132	\$ 132	\$ 132	\$ 132	\$ 132	\$ 132	\$ 132	\$ 132	\$ 132	\$ 122	\$ 184	\$ 122	\$ 184	\$ 491	\$ 491	\$ 589	\$ 589
73080	X-RAY SHOULDER,COMPLETE,	1,995	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 26	\$ 39	\$ 26	\$ 39	\$ 56	\$ 56	\$ 67	\$ 67
73110	X-RAY ELBOW,COMPLETE,MINIMU	542	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 30	\$ 45	\$ 30	\$ 45	\$ 52	\$ 52	\$ 62	\$ 62
73130	X-RAY WRIST,COMPLETE,	1,428	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 31	\$ 46	\$ 31	\$ 46	\$ 51	\$ 51	\$ 61	\$ 61
73140	X-RAY HAND,MINIMUM OF 3 VIEW	1,864	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 28	\$ 41	\$ 28	\$ 41	\$ 54	\$ 54	\$ 65	\$ 65
73200	X-RAY FINGER OR FINGERS,MINI	1,916	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 26	\$ 38	\$ 26	\$ 38	\$ 41	\$ 41	\$ 49	\$ 49
73218	CT, UPPER EXTREMITY, W/O CONTR	88	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 221	\$ 331	\$ 221	\$ 331	\$ 389	\$ 389	\$ 467	\$ 467
73218	MRI UPPER EXTREMITY W/O DYE	39	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 448	\$ 360	\$ 571	\$ 360	\$ 571	\$ 460	\$ 460	\$ 552	\$ 552
73221	MRI JOINT UPPER EXTREMITY W/O	809	\$ 429	\$ 429	\$ 429	\$ 429	\$ 429	\$ 429	\$ 429	\$ 429	\$ 429	\$ 429	\$ 381	\$ 571	\$ 381	\$ 571	\$ 550	\$ 550	\$ 680	\$ 680
73222	MRI UPPER EXTREMITY	118	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 470	\$ 461	\$ 692	\$ 461	\$ 692	\$ 551	\$ 551	\$ 661	\$ 661
73223	MRI JOINT UPR EXTR. W/O & W/	23	\$ 585	\$ 585	\$ 585	\$ 585	\$ 585	\$ 585	\$ 585	\$ 585	\$ 585	\$ 585	\$ 587	\$ 881	\$ 587	\$ 881	\$ 988	\$ 988	\$ 1,188	\$ 1,188
73510	X-RAY HIP,COMPLETE,MIN	484	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 32	\$ 49	\$ 32	\$ 49	\$ 58	\$ 58	\$ 70	\$ 70
73560	X-RAY KNEE,ANTEROPSTRIOR	1,373	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 40	\$ 25	\$ 38	\$ 25	\$ 38	\$ 47	\$ 47	\$ 56	\$ 56
73562	X-RAY KNEE,ANTEROPSTRIOR	1,096	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 47	\$ 30	\$ 46	\$ 30	\$ 46	\$ 64	\$ 64	\$ 77	\$ 77
73564	X-RAY EXAM, KNEE, 4 OR MORE	728	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 55	\$ 35	\$ 53	\$ 35	\$ 53	\$ 72	\$ 72	\$ 86	\$ 86
73590	X-RAY TIBIA & FIBULA,	611	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 24	\$ 38	\$ 24	\$ 38	\$ 49	\$ 49	\$ 59	\$ 59
73610	X-RAY ANKLE, COMPLETE,	1,889	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 42	\$ 28	\$ 41	\$ 28	\$ 41	\$ 51	\$ 51	\$ 61	\$ 61
73630	X-RAY FOOT,COMPLETE,	1,440	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 41	\$ 27	\$ 41	\$ 27	\$ 41	\$ 51	\$ 51	\$ 61	\$ 61

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Effect of Adopting Different Payment Methods on Each CPT Code

Top 200 SC Workers' Compensation Procedures Based on 2008 Expenditures

Sorted by CPT Code

CPT Code	Procedure Description	2008 Procedures	2010 Rel. Values		Single Conv. Factor				Multiple Conversion Factors				2010 SC Medicare Payment				State Health Plan			
			Non-Fac	Facility	Surg. CF= \$90		Surg. CF= \$52		Surg. CF = \$55		Surg. CF = \$58		Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility
					Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility	Non-Fac	Facility								
97116	GAIT TRAINING	749	0.74		\$ 37	\$ 37	\$ 37	\$ 37	\$ 37	\$ 37	\$ 37	\$ 37	\$ 24	\$ 38	\$ 19	\$ 19	\$ 23	\$ 23		
97124	MASSAGE	1,489	0.68		\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34	\$ 22	\$ 32	\$ 17	\$ 17	\$ 20	\$ 20		
97140	MANUAL THERAPY	25,583	0.78		\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 39	\$ 25	\$ 38	\$ 28	\$ 28	\$ 31	\$ 31		
97530	THERAPEUTIC ACTIVITY	13,831	0.90		\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 29	\$ 43	\$ 21	\$ 21	\$ 25	\$ 25		
97535	SELF CARE MGMT TRAINING	735	0.90		\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45	\$ 29	\$ 43	\$ 21	\$ 21	\$ 25	\$ 25		
97750	PHYS PERFORMANCE TEST	1,516	0.88		\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 43	\$ 28	\$ 41	\$ 21	\$ 21	\$ 25	\$ 25		
89941	CHIROPRACTIC MANIPULATION	1,324	0.98		\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 49	\$ 32	\$ 48	\$ 23	\$ 23	\$ 28	\$ 28		
98202	NEW E/M OFFICE VISIT	2,516	1.96		\$ 98	\$ 98	\$ 98	\$ 98	\$ 98	\$ 98	\$ 98	\$ 98	\$ 62	\$ 94	\$ 60	\$ 60	\$ 72	\$ 72		
98203	NEW E/M OFFICE VISIT	5,705	2.63		\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 90	\$ 136	\$ 86	\$ 86	\$ 103	\$ 103		
98204	NEW E/M OFFICE VISIT	2,308	4.39		\$ 220	\$ 220	\$ 220	\$ 220	\$ 220	\$ 220	\$ 220	\$ 220	\$ 141	\$ 211	\$ 134	\$ 134	\$ 161	\$ 161		
98205	NEW E/M OFFICE VISIT	295	5.47		\$ 274	\$ 274	\$ 274	\$ 274	\$ 274	\$ 274	\$ 274	\$ 274	\$ 177	\$ 268	\$ 170	\$ 170	\$ 204	\$ 204		
98211	ESTAB E/M OFFICE VISIT	1,133	0.50		\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 8	\$ 13	\$ 8	\$ 8	\$ 22	\$ 22		
98212	ESTAB E/M OFFICE VISIT	7,293	1.12		\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 56	\$ 38	\$ 54	\$ 35	\$ 35	\$ 42	\$ 42		
98213	ESTAB E/M OFFICE VISIT	24,308	1.90		\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 95	\$ 61	\$ 82	\$ 58	\$ 58	\$ 70	\$ 70		
98214	ESTAB E/M OFFICE VISIT	11,015	2.82		\$ 141	\$ 141	\$ 141	\$ 141	\$ 141	\$ 141	\$ 141	\$ 141	\$ 92	\$ 137	\$ 88	\$ 88	\$ 106	\$ 106		
98215	ESTAB E/M OFFICE VISIT	1,196	3.81		\$ 191	\$ 191	\$ 191	\$ 191	\$ 191	\$ 191	\$ 191	\$ 191	\$ 124	\$ 186	\$ 118	\$ 118	\$ 143	\$ 143		
98222	INITIAL HOSPITAL CARE	156	3.70		\$ 185	\$ 185	\$ 185	\$ 185	\$ 185	\$ 185	\$ 185	\$ 185	\$ 121	\$ 182	\$ 118	\$ 118	\$ 142	\$ 142		
98223	SUBSQT HOSPITAL CARE	188	5.42		\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 271	\$ 178	\$ 267	\$ 174	\$ 174	\$ 209	\$ 209		
98231	SUBSQT HOSPITAL CARE	685	1.08		\$ 54	\$ 54	\$ 54	\$ 54	\$ 54	\$ 54	\$ 54	\$ 54	\$ 38	\$ 54	\$ 36	\$ 36	\$ 43	\$ 43		
98232	SUBSQT HOSPITAL CARE	1,091	1.98		\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 99	\$ 65	\$ 97	\$ 65	\$ 65	\$ 78	\$ 78		
98233	SUBSQT HOSPITAL CARE	266	2.89		\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 142	\$ 93	\$ 139	\$ 92	\$ 92	\$ 110	\$ 110		
98242	OFC CONSULT-NEWEST PAT	282	2.54		\$ 127	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127	\$ 127	\$ 83	\$ 127	\$ 85	\$ 85	\$ 102	\$ 102		
98243	OFFICE CONSULTATION	1,348	3.47		\$ 174	\$ 174	\$ 174	\$ 174	\$ 174	\$ 174	\$ 174	\$ 174	\$ 108	\$ 163	\$ 108	\$ 108	\$ 127	\$ 127		
98244	OFFICE CONSULTATION	1,170	5.14		\$ 257	\$ 257	\$ 257	\$ 257	\$ 257	\$ 257	\$ 257	\$ 257	\$ 161	\$ 241	\$ 161	\$ 161	\$ 210	\$ 210		
98245	OFFICE CONSULTATION	309	6.28		\$ 314	\$ 314	\$ 314	\$ 314	\$ 314	\$ 314	\$ 314	\$ 314	\$ 203	\$ 304	\$ 203	\$ 203	\$ 258	\$ 258		
98282	ER DPT VISIT LOW	2,097	1.16		\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 58	\$ 38	\$ 57	\$ 36	\$ 36	\$ 46	\$ 46		
98283	ER DPT VISIT MOD	5,442	1.75		\$ 88	\$ 88	\$ 88	\$ 88	\$ 88	\$ 88	\$ 88	\$ 88	\$ 58	\$ 87	\$ 57	\$ 57	\$ 92	\$ 92		
98284	ER DPT VISIT HIGH	2,286	3.27		\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 108	\$ 163	\$ 108	\$ 108	\$ 144	\$ 144		
98285	ER DPT VISIT HIGH	691	4.78		\$ 239	\$ 239	\$ 239	\$ 239	\$ 239	\$ 239	\$ 239	\$ 239	\$ 161	\$ 241	\$ 161	\$ 161	\$ 226	\$ 226		
98291	CRITICAL CARE E/M	178	7.28		\$ 363	\$ 363	\$ 363	\$ 363	\$ 363	\$ 363	\$ 363	\$ 363	\$ 241	\$ 382	\$ 241	\$ 241	\$ 275	\$ 275		
98349	HOME VISIT, EST PATIENT	519	3.48		\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 112	\$ 168	\$ 111	\$ 111	\$ 133	\$ 133		

Attachment D

Medical Services Provider Manual Advisory Committee Recommendation #3

"The Commission include a complete listing of the HCPCS codes and corresponding fees in the Medical Services Provider Manual."

Background information

HCPCS (Healthcare Common Procedure Coding System) is a standardized coding system designed to ensure that health claims are processed in an orderly and consistent manner. HCPCS codes are divided into two subsystems, level I and level II. Level I is comprised of CPT (Current Procedural Terminology) codes maintained by the American Medical Association (AMA). Level II codes are used primarily to identify products, supplies, and services not included in CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

Current status

The 2010 Medical Services Provider Manual was updated to include most of the HCPCS codes. HCPCS codes not included in the fee schedule do not have relative values set by Medicare. Alternate CPT codes exist that more accurately describe the service for most of the codes not included in our fee schedule.

Codes listed in our 2010 fee schedule, with the exception of dental and ambulance will cover practically every workers' compensation procedure and supply. In the event that it does not, the manual contains a provision to allow payment to the provider at cost plus 20%; acquisition invoice cost plus 20%; or a negotiated amount.

The following HCPCS codes are currently not included in the Medical Services Provider Manual:

A codes - Transportation services including ambulance. These codes were not implemented by Medicare until April 2002.

B codes - Nutritional supplies, formulae and pumps

C codes - Outpatient PPS codes

D codes - Dental codes

G codes - Temporary codes used to identify professional health care procedures and services that would otherwise be coded in CPT but for which there are no CPT codes.

H codes - Alcohol and drug abuse treatment services

M codes - Therapeutic efficacy has not been established or experimental

P codes - CPT codes are used for pathology and laboratory services

R codes - (3 codes) transportation of portable x-ray or EKG equipment to nursing home, facility or patient home, per trip

S codes - Temporary codes created by private sector and used by Medicaid, but not payable by Medicare, to implement policies, programs or claims processing

T codes - Codes designed for use by Medicaid state agencies where no permanent national codes exist

Benefits and challenges of including the HCPCS codes to the Medical Services Provider Manual

Carriers and bill review companies will benefit from the ambulance and the dental HCPCS being included in the Medical Services Provider Manual. It will reduce their administrative work load and the number of disputes, necessitating the involvement of the Commission.

Potential challenges. Access to dental providers may be reduced if a fee schedule is implemented thereby limiting the payment for service to the provider. The use of dental codes may require the American Dental Association's permission and payment of a royalty fee.

Should the Commission opt to accept this recommendation a financial impact to the system will be conducted and a recommendation will be made during the MSPM review next year.

Cannon, Gary

From: Cannon, Gary
Sent: Monday, July 26, 2010 9:19 AM
To: AnnMargaret McCraw ; Barney Osborne; Brian Teusink ; Cindy Benton; Donna Croom; Dr. David Adcock; Dr. Will Floyd; Glenn Miller; Harry Gregory; Jeri Boystia ; Smoak, Laura; Lorynda Fish; Margarita Pate ; Mark Arden ; Mary Ann Lubeskie ; Mike Pankee ; Moby Salahuddin; Randee Pardee ; Rebecca Rabern; Rick Bouchard ; Ron Chatham
Cc: McCutcheon, Al
Subject: Advisory Committee Report - Minority Reports

Fee Schedule Advisory Committee Members:

On July 19, 2010 Medical Services Provider Manual (Physician's Fee Schedule)
Advisory Committee Chairman Mark Arden presented the Committee's Report to the Workers' Compensation Commission. A copy of the report included in the Commissioner's Agenda packet that was emailed to you on June 15th.

Recommendation 5 in the report states the "...report will include minority reports." No minority reports were considered at the Advisory Committee meeting on June 18th therefore none were included in the report submitted to the Commission.

At the Commission meeting on July 19th Chairman Beck expressed concern about the lack of minority reports and wanted to insure each Committee member had the opportunity to communicate their organization's position to the Commission. Therefore, if you wish to submit your organization's position or comment on the Advisory Committee's Report, please email them to me at gcannon@wcc.sc.gov by 12:00 PM August 11, 2010. I will include the comments in the Executive Director Report in the Commissioner's agenda books for the Business Meeting on August 16.

Thank you for your time and efforts completing the Committee's Report. If you have any questions please contact me.

Gary M. Cannon
Executive Director
SC Workers' Compensation Commission
1333 Main Street
P.O. Box 1715
Columbia, SC 29202-1715

August 11, 2010

Workers Compensation Commission

RE: Minority Report for Medical Services Provider Manual Advisory Committee

Dear Commissioners,

On behalf of the membership of the South Carolina Orthopaedic Association, I would like to thank you for the opportunity to serve and provide input in the deliberations of the Medical Services Provider Manual Advisory Committee. Our association was well represented through the process by AnnMargaret McCraw from Midlands Orthopaedics in Columbia.

We appreciate the careful consideration that the Advisory Committee gave our recommendations, although a majority of the Committee did not ultimately agree with our request to give the Commission the flexibility to adopt multiple conversion factors. Please accept this Minority Report as an official record of our position and the rationale for it. We maintain that our proposal will ultimately lead to greater quality care rendered to injured workers and overall cost savings to the system by aligning resources in the system to promote rapid access to specialty and surgical care when needed; thereby, accelerating return to work.

We hope the Commission will continue to consider our recommendations as we all strive for a more efficient and effective rehabilitation and return to work program for injured workers in South Carolina.

The SCOA presented the following motions to the Committee:

Motion 1: Continue the current policy of utilizing the Resource Based Relative Value Scale (RBRVS) to establish the value of the codes in the Provider Manual

Motion 2: The Workers Compensation Commission should have the authority to utilize multiple conversion factors for medical services to ensure access to care for our unique patient population.

The second motion failed to pass at the Committee level.

We present the following supporting documentation for our position. Additional information relative to each of these points is available upon request, although most of it has been shared previously with the Commission and the Committee.

- The MAPs in the Medical Services Provider Manual were not increased from 2003 to 2010.
- While most medical services receive a substantial increase in the 2010 Provider Manual adopted by the Commission, surgical and radiological codes receive significant decreases from the 2003 levels.

- The Medical Economic Index has increased 17.3% from 2003-2009 which has eroded reimbursement for medical services during this period. This decline has now been accelerated for surgical and radiological codes with the adoption of the new fee schedule.
 - The medical office personnel expense incurred by our practices has increased approximately 20% since 2003.
 - The MAPs established by the 2010 Provider Manual are some of the lowest in the nation for surgical codes as the following examples illustrate:
 - Arthroscopy: 4th worst State Workers Compensation MAP in the nation
 - Carpal tunnel: 3rd worst State Workers Compensation MAP in the nation
-
- Precedents are documented in other states of reduced access to specialists when surgical reimbursement is reduced
 - Hawaii: prior to 1995 ortho participation = 77%
 - Specialty fees cut in 1995; participation dropped to 33%
 - TX: 2002 ortho participation = 79%
 - Specialty fees cut in 2003; ortho participation fell to 46%
 - CA: 2002 ortho participation = 92%
 - Specialty fees cut in 2004; 2007 ortho participation = 65%
 - Scientific studies document that rapid access to definitive surgical care can reduce overall costs to the workers compensation system as claimants are returned to work more quickly
 - Survey data illustrates the inaccuracies inherent in RBRVS valuation of services that are especially acute for surgical procedures and practices in workers compensation.
 - UCLA study of comp neurosurgeons in Hawaii, WV, TX indicated their actual practice expense (PE) for comp was 295% of Medicare's estimated Practice Expense for the CPTs provided
 - The calculation of the RBRVS by CMS is not purely scientific and objective. The pricing of individual codes is subject to political lobby, and the budget neutrality component requires pricing of codes only in relation to one another with little consideration of the actual practice expense involved to render the service.
 - The stated focus of CMS and Healthcare Reform is to incentivize wellness, prevention and primary care; therefore, the RBRVS will continue to reflect a payment shift toward those codes. The inherent nature of Workers Compensation is the treatment of acute injury to facilitate rapid return to work. The application of the RBRVS to Workers Compensation without consideration of and adjustment for these different priorities has the unintended consequence of disincentivizing rapid access to acute care providers, and therefore, potentially delaying return to work.
 - A large majority of states already utilize multiple conversion factors in Workers Compensation to adjust for wellness focus of CMS payment methodology when applied to Comp. (Sources: Workers Compensation Research Institute The Lewin Group)

- Multiple Conversion Factors promote cost containment by allowing adjustments to specific codes without requiring increases to codes already priced appropriately.
- If used on a limited basis, Multiple Conversion Factors can be applied in a reasonable manner without significantly increasing costs to the system. In fact, any increase in medical service expense may well be offset by reduced indemnity payments as claimants' return to work is accelerated. The initial proposal from our association to the Commission for a separate conversion factor would have had a minimal impact to overall costs as estimated by NCCI.

We strongly believe that quality care can be enhanced while simultaneously achieving significant cost savings to the overall system by promoting rapid access to surgical services; thereby expediting delivery of definitive care and accelerating return to work. This position supports the core mission of the Workers Compensation Commission and can deliver significant savings if the appropriate resources are aligned properly. Injured workers require acute care, and compensation in the system should be designed to deliver that care in the most expeditious manner possible.

Thank you again for the opportunity to participate in the Advisory Committee, and we are committed to working with the Commission on behalf of the workers of this great state.

Sincerely,



James O'Leary, M.D.
President
South Carolina Orthopaedic Association

Top 200 SC Workers' Compensation Procedures Based on 2008 Utilization

		Multiple Conversion Factors					2010 SC Medicare Fee Schedule - Palmetto GBA 04/30/2010					2010 State Health Plan - 1/1/2010				
CPT Code	Procedure Description	2008 Procs.	Single CF		Multiple Conversion Factors					Total	Plus		Total	Plus		
			CF = \$60 All Codes	\$52 Surg \$50 All Others	\$52 Surg \$50 All Others	\$55 Surg \$50 All Others	\$58 Surg \$50 All Others	40%	46%		18%	20%				
1																
2	Total cost for 2 carriers and SI Fund(14% of market)		\$ 25,388,028	\$ 25,679,691	\$ 27,117,184	\$ 27,554,677	\$ 18,109,880	\$ 25,353,834	\$ 26,440,427	\$ 27,164,823	\$ 22,439,528	\$ 26,478,643	\$ 26,927,448			
3	Increase/Decrease			1.1%	2.8%	4.4%	-31.4%	-3.9%	0.2%	2.9%	-15.0%	0.3%	2.0%			
4	Total cost 100% of WC system for top 200 codes (sample above / 14)		\$ 188,485,916	\$ 190,565,218	\$ 193,694,171	\$ 196,819,124	\$ 129,356,289	\$ 181,098,816	\$ 188,860,195	\$ 194,034,448	\$ 160,282,340	\$ 189,133,167	\$ 192,335,914			
5	\$ Increase/Decrease to WC System for top 200 codes (Diff. from total cost of Single CF)			\$ 2,083,302	\$ 5,208,255	\$ 8,333,208	\$ (59,129,627)	\$ (7,387,100)	\$ 374,279	\$ 5,548,532	\$ (28,203,576)	\$ 647,251	\$ 3,862,998			
6	\$ Increase/Decrease to WC system for all codes (Savings above / 80.5%)			\$ 2,587,953	\$ 6,469,882	\$ 10,351,811	\$ (73,452,953)	\$ (9,176,522)	\$ 464,943	\$ 6,892,566	\$ (35,035,498)	\$ 804,038	\$ 4,786,333			
7	Payments for Surgical CPT Codes 11012-69990 In top 200 (14% of market)		\$ 7,291,557	\$ 7,583,219	\$ 8,020,713	\$ 8,468,206	\$ 4,692,710	\$ 6,569,794	\$ 6,861,356	\$ 7,039,066	\$ 7,443,246	\$ 8,783,030	\$ 8,931,895			
8	% Increase/Decrease			4.0%	10.0%	16.0%	-35.6%	-9.9%	-6.0%	-3.5%	2.1%	20.5%	22.5%			
1002	SKIN SURG CUTANEOUS TISS	84	\$ 69,951	\$ 72,749	\$ 76,946	\$ 81,143	\$ 44,957	\$ 62,940	\$ 65,638	\$ 67,436	\$ 59,241	\$ 69,904	\$ 71,089			
1200	SIMP REPAIR SURG NECK	1,080	\$ 205,975	\$ 214,110	\$ 226,463	\$ 238,815	\$ 127,432	\$ 178,405	\$ 186,051	\$ 191,148	\$ 127,440	\$ 150,379	\$ 152,928			
1200	SIMP REPAIR SURG NECK	597	\$ 121,713	\$ 126,582	\$ 133,885	\$ 141,168	\$ 75,509	\$ 105,712	\$ 110,242	\$ 113,263	\$ 84,177	\$ 99,329	\$ 101,012			
1201	SIMP REPAIR SURG NECK	160	\$ 32,020	\$ 33,301	\$ 35,222	\$ 37,143	\$ 19,910	\$ 27,873	\$ 29,068	\$ 29,864	\$ 21,000	\$ 24,780	\$ 25,200			
6100	SPRIG REPAIR TRUNKS & L	29	\$ 31,715	\$ 32,984	\$ 34,887	\$ 36,790	\$ 20,271	\$ 28,379	\$ 29,595	\$ 30,406	\$ 20,025	\$ 23,629	\$ 24,029			
6120	SPRIG REPAIR TRUNKS & L	23	\$ 28,158	\$ 29,284	\$ 30,974	\$ 32,663	\$ 17,726	\$ 24,817	\$ 25,880	\$ 26,589	\$ 23,276	\$ 27,466	\$ 27,931			
20550	INJECT TENDON/LEAGMENT	290	\$ 20,663	\$ 21,489	\$ 22,729	\$ 23,969	\$ 13,454	\$ 18,835	\$ 19,643	\$ 20,181	\$ 17,763	\$ 20,960	\$ 21,315			
20552	INJECT SINGLE OR MULTIP	290	\$ 18,560	\$ 19,292	\$ 20,405	\$ 21,518	\$ 11,808	\$ 16,532	\$ 17,240	\$ 17,712	\$ 12,810	\$ 15,116	\$ 15,372			

A B C D E F G H I J K L

10012	SNN SUBCUTANEOUS STRESS
2000	SMP REPAIR SCALP NECK
12002	SMP REPAIR SCALP NECK
2001	SMP REPAIR FACE EAR NO
5000	SPLIT GRAFT TRUNK SCALP
5020	SPLIT GRAFT FACE NECK
20550	INJECT TENDON/CAMENT
20552	INJECT SINGLE ORAL LIP

A B C D E F G H I J K L

CONFIDENTIAL

Payment methods – Pros and Cons

Single conversion Factor

Total cost for 14 % sample of medical services provider costs (two carriers and self-insured fund) using 2008 utilization data and conversion factor of \$50 is estimated to be \$26,388,028.

Pros

- Absolute control on costs (given utilization identical to that in 2008)
- Payments will only change when Commission approves a change to the conversion factor
- This is the current system and will require no change

Cons

- Requires resetting of conversion factor as RVUs are updated
- Requires calculation and posting of payments for each CPT code in manual or on web site
- Some specialty areas argue that multiple conversion factors are needed to address imbalances in the system
- New RVUs are not released until the Fall of each year, which makes for a tight time frame to finalize Manual by July 1

Multiple Conversion Factors

Total cost for 14 % sample of medical services provider costs using 2008 utilization data is estimated to be as follows:

Surgeon CF = \$52, all other CF = \$50	\$26, 679,691	1.1% increase
Surgeon CF = \$55, all other CF = \$50	\$27,117,184	2.8% increase
Surgeon CF = \$58, all other CF = \$50	\$27,554,677	4.4% increase

Payments for surgical codes will increase 1.1% for every \$2.00 increase in surgical code conversion factor

Pros

- Payment method can be infinitely adjusted to address perceived imbalances among specialty areas.
-
- Absolute control on costs (given utilization identical to that in 2008).
-
- Payments will only change when Commission approves a change to the conversion factor.

Cons

- Would require a change in regulation 67-1302A.
- We would be changing a system developed by CMS, which has greater resources and knowledge of the relative value of each procedure than SCWCC.
- Requires resetting of conversion factor as RVUs are updated.
- Requires calculation and posting of payments for each CPT code in manual or on web site.
- New RVUs are not released until the Fall of each year, which makes for a tight time frame to finalize Manual by July 1.
- Requires a few more columns in spreadsheets when estimating system costs.
- Increased interest from each specialty area.

Medicare 'Plus' – SC Adjusted Medicare Fee Schedule from Palmetto GBA times Multiplier

Total cost for 14 % sample of medical services provider costs using 2008 utilization data is estimated to be \$18,109,880, a decrease of 31.4%. Using a multiplier of 1.4 (Medicare + 40%) gives an estimate of \$25,353,834, a decrease of 3.9%. Using a multiplier of 1.46 will result in an estimate of \$26,440,427, an increase of .2% (roughly break-even).

Pros

- Use of Palmetto GBA Fee Schedule from Palmetto GBA payments would reduce the workload on staff.
- Payment method initially appears to offer lower cost due to geographic adjustment. However, all systems can be geographically adjusted.
- Would not require annual calculation and posting of payments for each CPT code in manual or on web site. Providers/carriers would be directed to Palmetto GBA web site to acquire payment information.
- Medical Services Provider Manual would consist of policy information only (approx. 80 pages vs. current 612 page manual) and could be available on line at no charge, eliminating administrative work load involved in printing, storing, selling, and mailing manuals.

Cons

- Possibility of dramatic reduction in conversion factor if Congress does not continue to delay the 21% cut currently mandated by the sustainable growth rate (SGR) formula, which links physician reimbursement rates to increases in the gross domestic product (GDP).
- There are a few payment differences with CMS web site, due to the technical component some CPT codes being capped at the OPPS amount.
- Use of payment information from a private company
- A few SCWCC specific codes and payments will need to be posted on SCWCC web site.
- Payments to surgeons would decrease 6% at 'neutral' payment level of Medicare + 46%.

State Health Plan

Total cost for 14 % sample of medical services provider costs using 2008 utilization data is estimated to be \$22,439, 528, a decrease of 15%. Using a multiplier of 1.18 (SHP + 18%) will result in an estimate of \$26,478,643, an increase of .3% (roughly break-even).

State Health Plan payment rates are released by October 1 each year to be effective on January 1.

The SHP allowance is based on RBRVS and uses several conversion factors based on type of service (i.e. E&M, radiology, pathology, surgical).

Approximately 90-95% of all professional providers in SC currently participate in the State Health Plan and have payment information available. The remaining 5-10% can create a profile and log-in at <http://www.southcarolinablues.com/providers.aspx> to access payment information as long as they are valid, licensed providers with a tax ID. Payment rates would still have to be posted for each CPT code in a manual or on our web site for access by carriers, TPAs, and bill reviewers.

Pros

- Lower cost to WC system (15% decrease).
- Majority of providers already have access to and know SHP payments.
- Use of SHP payments would reduce the workload on staff.

Cons

- Payments for surgical CPT codes (10021-69990) would increase 20% at 'neutral' payment level of SHP + 18%. If the overall system is to remain 'neutral', this would reduce payments to other providers.
- Full Medical Services Provider Manual would have to be produced and either put on our web site or printed as a hard copy with the administrative burden for printing, storage, payment collection, and mailing.
- SHP currently has a conversion factor of \$50 for anesthesia vs. our current \$30 conversion factor. This would need to be addressed.

Medicare 'Plus' – National or SC Adjusted Medicare Conversion Factor times Multiplier

Total cost for 14 % sample of medical services provider costs using 2008 utilization data, the current 2010B conversion factor of \$36.8729, the SC adjusted transitional RVUs, and a multiplier of 1.4 (Medicare + 40%) is estimated to be \$26,223,167, a decrease of .6%. Payments for surgical codes will decrease by approximately 1.2% .

Pros

- This system would work very much like the current system. Instead of multiplying RVUs times the conversion factor of \$50, providers/carriers would multiply RVUs times the Medicare conversion factor (currently \$36.8729) times a multiplier. (Ex.: $\$36.8729 * 1.4 = \52.6221 .)
- Would not require annual calculation and posting of payments for each CPT code in manual or on web site. Providers/carriers would be directed to Medicare web site to acquire payment information through the Physician Fee Schedule Look-up.
- Medical Services Provider Manual would consist of policy information only (approx. 80 pages vs. current 612 page manual) and could be available on line at no charge, eliminating administrative work load involved in printing, storing, selling, and mailing manuals.

Cons

- Medicare conversion factors are subject to change during the year. There have been three different conversion factors in 2010. We would need a plan to address mid-year changes in conversion factor, such as specifying in MSPM and on web site the appropriate year to be used in the Medicare Physician Fee Schedule Look-up.
- Possibility of dramatic reduction in conversion factor if Congress does not continue to delay the 21% cut currently mandated by the sustainable growth rate (SGR) formula, which links physician reimbursement rates to increases in the gross domestic product (GDP). This could be addressed by requiring the use of an earlier payment schedule (Ex: 2010B).
- A few SCWCC specific codes and payments will need to be posted on SCWCC web site.

RVU Examples

A	B	C	D	E	F	G	H
CPT Code	CPT Description	National Relative Value Units			Total	Conversion Factor	Payment
		Work	Practice Expense	Malpractice			
						\$50	
22630	Lumbar Spine Fusion	22.09	+	15.07	+	4.61	=
					41.77	X \$	50
							\$ 2,089
99213	Office Visit	0.97	+	0.88	+	0.05	=
					1.90	X \$	50
							\$ 95
99214	Office Visit	1.50	+	1.24	+	0.07	=
					2.81	X \$	50
							\$ 141
CPT Code	CPT Description	SC Adjusted Relative Value Units			Total	Conversion Factor	Payment
		Work	Practice Expense	Malpractice			
						\$50	
GPCI		1	0.954	0.446			
22630	Lumbar Spine Fusion	22.09	+	14.37	+	2.02	=
					38.48	X \$	50
							\$ 1,924
99213	Office Visit	0.970	+	0.840	+	0.022	=
					1.83	X \$	50
							\$ 92
99214	Office Visit	1.500	+	1.183	+	0.031	=
					2.71	X \$	50
							\$ 136

§42-15-90 Fees of attorneys and physicians and hospital charges shall be approved by Commission.

Fees for attorneys and physicians and charges of hospitals for services under this title shall be subject to the approval of the Commission.

67-1302. Maximum Allowable Payments to Medical Practitioners.

- A. The Commission shall establish maximum allowable payments for medical services provided by medical practitioners based on a relative value scale and a conversion factor set by the Commission.
 - (1) The maximum allowable payments and any policies governing the billing and payment of services provided by medical practitioners shall be published in a medical services provider manual.
 - (2) The Commission may review and update the relative values and/or the conversion factor as needed.
- B. Medical practitioners submit claims for payment to the employer or insurance carrier on the Form 14A.
 - (1) The Commission recognizes the Health Care Financing Administration Form 1500 (HCFA-1500) as its Form 14A for medical practitioners.
 - (2) Any narrative records or reports pertaining to the services rendered must be attached to the Form 14A and supplied at no charge to the employer or carrier.
- C. An employer or insurance carrier may not pay, and a medical practitioner may not accept, more than the maximum allowable payment amounts listed in the provider manual.
- D. Providers of general dental services, pharmaceuticals, durable medical equipment, and other medical products and services not covered by the medical services provider manual shall bill at the provider's usual and customary charge.



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OVERVIEW

PHYSICIAN FEE SCHEDULE SEARCH

DOCUMENTATION FILES

Tool Help

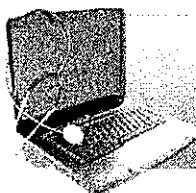


Overview

This website is designed to provide information on services covered by the Medicare Physician Fee Schedule (MPFS). It provides more than 10,000 physician services, the associated relative value units, a fee schedule status indicator and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.). The Medicare physician fee schedule pricing amounts are adjusted to reflect the variation in practice costs from area to area. A geographic practice cost index (GPCI) has been established for every Medicare payment locality for each of the three components of a procedure's relative value unit (i.e., the RVUs for work, practice expense, and malpractice). The GPCIs are applied in the calculation of a fee schedule payment amount by multiplying the RVU for each component times the GPCI for that component.

The Physician Fee Schedule look-up website is designed to take you through the selection steps prior to the display of the information. The site allows you to:

- Search pricing amounts, various payment policy indicators, RVUs, and GPCIs by a single procedure code, a range and a list of procedure codes.
- Search for the national payment amount, a specific Carrier/Medicare Administrative Contractor (MAC) or a specific Carrier/MAC locality. Each page has associated Help/Hint available to complete your selections.



Click here to begin your
Physician Fee Schedule look-up

[Start Search](#)

PFS UPDATE STATUS

Data last updated: 10/04/2010

ADDITIONAL INFORMATION

Welcome to the redesigned Physician Fee Schedule Search Tool. For assistance using this tool, please select the "Tool Help" link in the upper right corner of the page.

Physician Fee Schedule Search - Windows Internet Explorer

http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

File Edit View Favorites Tools Help

Physician Fee Schedule Search

Physician Fee Schedule Search

Search Criteria

Begin your search below by selecting search criteria. Additional search criteria will appear depending on which selections you choose. Once your selections are complete, you will be asked to submit your criteria. All search criteria options displayed on this page are required.

Please select a year (see 'Notes for Selected Year' box for details):

2010B

Type of Information:

- ☐ Pricing Information
- ☐ Payment Policy Indicators
- ☐ Relative Value Units
- ☐ Geographic Practice Cost Index
- ☒ All

Select Healthcare Common Procedure Coding System (HCPCS) Criteria:

- ☒ Single HCPCS Code
- ☐ List of HCPCS Codes
- ☐ Range of HCPCS Codes

Select Carrier/Medicare Administrative Contractor (MAC) Option:

- ☐ National Payment Amount
- ☐ Specific Carrier/MAC
- ☒ Specific Locality
- ☐ All Carriers/MACs

All (Pricing and Policy Info.) by Single HCPCS Code for a Carrier/MAC Locality

Enter values for:

HCPCS Code: 11012

Modifier:

All Modifiers

Carrier/MAC Locality:

0088001 South Carolina

NOTES FOR SELECTED YEAR

2010: For 2010B: Payment files reflect a change in the conversion factor as a result of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, which President Obama signed into law on June 25, 2010. This legislation provides for a 2.2 percent update to the 2010 Medicare Physician Fee Schedule (MPFS), effective for dates of service June 1, 2010, through November 30, 2010. For 2010A: Payment files reflect changes as a result of practice expense (PE) and malpractice (MP) relative value unit (RVU) corrections and provisions of the Patient Protection and Affordable Care Act (the Affordable Care Act), as modified by the Health Care and Education Reconciliation Act of 2010, which President Obama signed into law on March 23, 2010, and March 30, 2010, respectively.

PFS UPDATE STATUS

Data last updated: 10/04/2010

Internet 100%

Physician Fee Schedule Search Results - Windows Internet Explorer

http://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=4&HT=0&CT=2&H

File Edit View Favorites Tools Help

Physician Fee Schedule Search Results

Back to Search Criteria

Physician Fee Schedule Search

Search Results [1 Record(s)]

Selected Criteria:

Year: 2010B HCPCS: 11012

Type of Info.: All Modifier: All Modifiers

HCPCS Criteria: Single HCPCS Code Locality: 0088001 South Carolina

Carrier/MAC Option: Specific Locality

Update Results

Single HCPCS Code

Print Results **Download Results** **Email Results**

Code	Description
11012	Debride skin/muscle/bone, fx

For your convenience, search results can be printed, downloaded or emailed.

1 View Items Per Page: 10

MODIFIER	CARRIER LOCALITY	NON-FACILITY PRICE	FACILITY PRICE	NON-FACILITY LIMITING CHARGE	FACILITY LIMITING CHARGE	GPCI WORK	GPCI PE	GPCI MP	PROC STAT	WORK RVU	NA FLAG FOR TRANS NON-FAC PE RVU	TRAI NON-RVU
	0088001	\$625.09	\$395.74	\$682.91	\$432.35	1.000	0.954	0.446	A	6.87		10.12

1 View Items Per Page: 10

¹Section 5102(b) of the Deficit Reduction Act of 2005 requires a payment cap on the technical component (TC) of certain diagnostic imaging procedure and the TC portions of the global diagnostic imaging services. This cap is based on the Outpatient Prospective Payment System (OPPS) payment. To implement this provision, the physician fee schedule amount is compared to the OPPS payment amount and the lower amount is used for payment.

Internet 100%

Physician Fee Schedule Search Results - Windows Internet Explorer

http://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=2&H1=11012&H=5

Physician Fee Schedule Search Results

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OVERVIEW **PHYSICIAN FEE SCHEDULE SEARCH** **DOCUMENTATION FILES** [Tool Help](#)

[Back to Search Criteria](#)

Physician Fee Schedule Search

Search Results [1 Record(s)]

Selected Criteria:

Year: 2010B HCPCS: 11012

Type of Info.: Relative Value Units Modifier: All Modifiers

HCPCS Criteria: Single HCPCS Code [Update Results](#)

Single HCPCS Code [Print Results](#) [Download Results](#) [Email Results](#)

Code Description

11012 Debride skin/muscle/bone, fx

For your convenience, search results can be printed, downloaded or emailed.

1 View Items Per Page: 10 Go

ED	WORK RVU	NA FLAG FOR TRANS NON-FAC PE RVU	TRANSITIONED NON-FAC PE RVU	NA FLAG FOR FULLY IMP NON-FAC PE RVU	FULLY IMPLEMENTED NON-FAC PE RVU	NA FLAG FOR TRANS FACILITY PE RVU	TRANSITIONED FACILITY PE RVU	NA FLAG FOR FULLY IMP FAC PE RVU	FULLY IMPLEMENTED FACILITY PE RVU	MP RVU	NO FA PE US FO OP PM AM
RE	6.87		10.12		10.45		3.60		3.88	0.96	\$0.

Internet 100%



OVERVIEW

PHYSICIAN FEE SCHEDULE SEARCH

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Physician Fee Schedule Search

Search Results [1 Record(s)]

Selected Criteria:

Year: 2010B

Type of Info.: Geographic Practice Cost Index

Carrier/MAC Option: Specific Locality

Locality: 0088001 South Carolina

Update Results

Print Results

Download Results

Email Results

For your convenience, search results can be printed, downloaded or emailed.

1

View Items Per Page: 10 Go

CARRIER LOCALITY



0088001

GPCI WORK



1.000

GPCI PE



0.954

GPCI MP



0.446

Medicare Conversion Factors 2006-2010

Year	Conv. Factor	
2010B	\$36.8729	Set on June 25, 2010, effective June 1 - November 30, 2010
2010A	\$36.0791	Set on March 23 & 30, 2010, retroactive to January 1, 2010
2010	\$28.4061	Final Rule issued in November 2009, effective January 1, 2010
2009	\$36.0666	
2008B	\$38.0870	
2008A	\$38.0870	
2007	\$37.8975	
2006	\$37.8975	

2010B: Payment files reflect a change in the conversion factor as a result of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, which President Obama signed into law on June 25, 2010. This legislation provides for a 2.2 percent update to the 2010 Medicare Physician Fee Schedule (MPFS), effective for dates of service June 1, 2010, through November 30, 2010.

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Interoffice Memorandum

October 25, 2010

TO: Workers' Compensation Commissioners

FROM: Cathy Floyd
Human Resources

SUBJECT: Revision to the Employee Performance Management (EPMS) Policy

Attached is the revised Employee Performance Management System (EPMS) Policy. The EPMS Policy has not been revised since April 2006. This policy has been updated separately from the Administrative Policies and Procedures Manual in order to implement the new universal review date for EPMS evaluations. Also, the State Office of Human Resources (OHR) issued a letter dated September 21, 2009 asking agencies to review and update changes to the policy to include the change from a four-level rating system to a three-level rating system. Copies of those letters have also been attached. The revisions to the policy follow those outlined in the model policy provided by OHR.

Summary of Changes

- Implementation of a Universal Review Date
- Change in rating from a four-level scale to a three-level scale
- Update the names of the levels of performance and performance characteristics
- Various minor structural and grammatical changes

It is recommended that we submit the EPMS Policy to OHR for approval to be implemented immediately. Your favorable consideration in this matter is appreciated. As always, should you have any questions please feel free to contact me.

Attachments

cc: Gary Cannon

STATE OF SOUTH CAROLINA
WORKER'S COMPENSATION COMMISSION

Administrative Policies and Procedures

Subject: Employee Performance Management System (EPMS) Policy		Revision Number: 2.0
Policy Number: 2.12	Date: October 25, 2010	Page 1 of 10

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SCWCC. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE SCWCC RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

It is the policy of the SCWCC to recruit, hire, train and promote employees without discrimination because of race, color, sex, national origin, age, religion or disability. This policy is to apply to all levels and phases of personnel within the Agency, including but not limited to recruiting, hiring, compensation, benefits, promotions, transfers, layoffs, recalls from layoffs, and educational, social, or recreational programs. If you believe that you have been discriminated against in violation of the law, you should immediately contact the Agency's Human Resource Manager at 803-737-5671.

Purpose

The Employee Performance Management System (EPMS) refers to the total process of communicating with an employee about their work. The process begins when the employee's supervisor (rater) and employee develop a performance plan in which they identify what is to be accomplished, what behavior is expected, and specifically how it will be evaluated. This rater/employee communication continues informally with a day-to-day working relationship and formally at least twice: once at the midpoint of the appraisal and again at the end of the review period.

The EPMS will be used to ensure honest two-way communication between employees and their raters, to support employee development and to create trust by communicating with each other what is strong and what needs improvement in each job area, to make leaders' expectations clear by telling employees the criteria for success, to provide training for employee and raters in feedback structure and techniques and to create incentive in both employee and rater by getting involved and sharing feedback about the work and the SC Workers' Compensation Commission business plan.

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WORKER'S COMPENSATION COMMISSION

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Subject: Employee Performance Management System (EPMS) Policy		Revision Number: 2.0
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General Information

All performance appraisals shall be made in writing by the employee's supervisor (the rater) who has direct experience or knowledge of the work being performed. The appraisal shall be reviewed by the next higher-level supervisor (the reviewer), unless the rater is the Agency head, prior to the appraisal being discussed with the employee. The reviewer may attach additional comments to the appraisal, and in the attachment may take exception to the rater's appraisal. In addition, the reviewer has the authority to change the appraisal completed by the rater. If the reviewer elects to change the rating, the change and associated justification should be noted on the appraisal document. Whenever an employee's job responsibilities change significantly, the appraisal document should be revised to reflect that change. The final appraisal must bear the signature of the rater, the reviewer and the employee, if possible. If any party refuses to sign the appraisal, a notation shall be made on the performance appraisal of this. If possible, a witness should sign to acknowledge that the party refused to sign the appraisal.

All performance appraisals shall become a permanent part of the employee's official personnel file. Upon request, the Agency shall furnish the employee with a copy of the performance appraisal with copies of all pertinent attachments including the form completed at the time of the planning stage and the final appraisal form.

The provisions of this policy address the appraisal process of both probationary and covered employees. Although not mentioned specifically in this policy, employees exempt from coverage under the State Employee Grievance Procedure Act shall also be given annual performance appraisals.

Definitions

- A. Performance Review Date – The employee's review date as established in accordance with State Human Resources Regulations.
- B. Universal Review Date – The date prior to which all classified employees' performance reviews are due. October 1 will be the universal review date for the

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SC Worker's Compensation Commission (Exceptions: probationary employees and trial employees).

- C. Short Year Review – Any performance appraisal that evaluates an employee's performance for a period of time less than twelve months (Exceptions: trial period reviews and warning notice reviews.)
- D. Short Year Planning Stage – Any EPMS planning stage document covering a period of time less than twelve months (Exceptions: trial period planning stages.)

Universal Review Date

All Agency employees shall be reviewed prior to October 1, the Agency universal review date. The Agency will maintain the performance review date for each employee presently established in accordance with the State Human Resources Regulations, in the event that some compensation or personnel action is dependent on the individual's performance review date rather than the universal review date.

Training

Training is encouraged for all employees within the Agency in regards to EPMS. New employees should be briefed on the performance evaluation system during their orientation session.

Levels of Performance

There shall be three levels of performance to rate each job function and objective and to rate overall performance:

- 1. Exceptional - Work that is above the criteria of the job function throughout the rating period.
- 2. Successful - Work that meets the criteria of the job function.

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3. Unsuccessful - Work that fails to meet the criteria of the job function.

Performance characteristics shall not be rated by the three levels of performance, but shall be given a rating of pass or fail.

1. Pass - Meets requirements.
2. Fail - Fails to meet requirements.

Planning Stage

Each employee shall have a planning stage conducted at the beginning of each rating period. The employee's job functions (which include job duties and success criteria), objectives, and performance characteristics for the next rating period will be discussed at this time. These items, as included in the planning stage, are described below. The rater and employee should participate in drafting the planning stage document. The reviewing officer and the rater should discuss the requirements for the coming year prior to the planning stage. A rater may incorporate a team activity into the planning stage document. The team performance being evaluated could constitute a job function, an objective, or one criteria for a particular job function or objective. A rater may also link the employee's training plan to the planning stage document.

A. JOB FUNCTIONS

The rater and the employee shall determine the job functions (which include job duties and success criteria) by reviewing the employee's position description. If the position description is not up-to-date, or if there is no position description, one should be prepared and submitted for approval. In those instances where the rater and employee cannot agree upon the job functions, the rater's decision shall be final. The statement outlining the job function should include descriptive information about the performance expectations (success criteria) of the rater. The descriptive statement should specify the expectations of the rater for the employees to be successful. Each job function shall be rated in the evaluation stage based on the three levels of performance. It shall be mandatory for all raters to be evaluated on the timely completion of each employee's performance appraisal.

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B. OBJECTIVES

Objectives shall be optional for all employees. An objective should be included when the employee is assigned a special, non-recurring project or assignment that is not included on the employee's position description. The statement outlining the objective(s) should also include descriptive information about the performance expectations (success criteria) of the rater. The descriptive statement should specify the expectations of the rater for the employee to be successful. Each objective shall be rated in the evaluation stage based on the three levels of performance.

C. PERFORMANCE CHARACTERISTICS

The Office of Human Resources will provide agencies with a list of suggested performance characteristics and their definitions. Each performance characteristic shall be defined in the planning stage and rated as "pass" or "fail" in the evaluation stage. The performance characteristics section shall be used as a communication tool to emphasize those performance characteristics that are important to success in performing the job functions and objectives included in the planning document. The performance characteristics section shall not be weighted in the determination of the overall performance rating.

It shall be mandatory for all managers and supervisors to be rated on the performance characteristic of "promoting equal opportunity." (Promoting equal opportunity includes such areas as hiring, promotion, or placement; level of personal and organizational commitment to equal opportunity; progress toward achieving a fully integrated and representative work force; and contribution toward minority programs and other social/economic equal opportunity goals.)

Ongoing Performance Management

A rater should continue to provide performance feedback to employees throughout the review period. An unofficial mid-year review is encouraged to facilitate this communication between raters and employees. In addition, various options are available to the rater in conducting performance management. A rater may gather feedback to prepare the appraisal document and/or conduct unofficial appraisals more frequently than required in this policy.

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Probationary Period

Each new employee in probationary status shall be rated prior to the completion of a twelve month probationary period. The performance review date marks the beginning of a new review period. If that employee does not receive a performance appraisal prior to the performance review date, the employee will receive a "successful" rating by default and obtain covered status as a State employee and permanent status in the class. The probationary period may not be extended. If an employee is not performing satisfactorily during the probationary period, the employee shall be terminated before becoming a covered employee. Until an employee has completed the probationary period and has a "successful" or higher overall rating on the employee's evaluation, the employee has no grievance rights under the State Employee Grievance Procedure Act; therefore, the SC Workers' Compensation Commission is not required to follow the "Substandard Performance Process" to terminate a probationary employee. A short year review and short year planning stage may be required to evaluate performance from the end of the probationary period to the universal review date.

Trial Periods

Each covered employee who has been demoted, promoted, or reclassified shall be appraised prior to the completion of a six-month trial period in the position. The performance review date marks the beginning of a new review period. If an employee does not receive a performance appraisal prior to the performance review date, the employee will receive a "successful" rating by default and obtain permanent status in the new classification, the employee retains permanent status in a class throughout the employee's continuous service. The six-month trial period may be extended up to 90 calendar days upon written notice to the employee prior to the end of the six-month trial period. The employee's performance review date shall be advanced for the time period such extension is in effect. A short year review and short year planning stage may be needed to evaluate performance from the end of the trial period to the universal review date.

The "Substandard Performance Process" is not required to demote or reclassify downward an employee in trial status to the same class from which promoted, if the demotion or reclassification occurs within the trial period. The "Substandard Performance Process" is also not required to demote or reclassify downward an employee in trial status to a class in an equal or higher pay band from which promoted, if the demotion or reclassification occurs within the

STATE OF SOUTH CAROLINA
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trial period. The Employee in trial status may not grieve such demotion. The employee in trial status may not be terminated or demoted to a class in a lower pay band than that from which promoted for performance reasons without following the "Substandard Performance Process."

Annual Performance Reviews

All employees shall be given an annual appraisal no more than 90 calendar days prior to the universal review date. The universal review date marks the beginning of a new review period. If an employee does not receive an appraisal prior to the universal review date, the employee shall receive a "successful" rating by default. A covered employee may not be issued an overall "unsuccessful" appraisal at any time during the annual review period without following the "Substandard Performance Process."

An employee on approved leave with or without pay for more than 30 consecutive workdays shall have the performance review date advanced up to 90 days after those first 30 workdays. A covered employee who within 30 calendar days of his performance review date receives a "Warning Notice of Substandard Performance," shall have the performance review date advanced up to 90 days.

Substandard Performance Process for Covered Employees

A covered employee is entitled to adequate notice of substandard performance and the opportunity to improve the substandard performance before receiving an "unsuccessful" rating and being removed from the position. To ensure this occurs, the following procedures shall be followed:

- A. A rater shall issue a "Warning Notice of Substandard Performance" prior to issuing an "unsuccessful" rating to a covered employee. If during the performance period an employee is considered "unsuccessful", in any essential job function or objective which significantly impacts performance, the rater shall provide the employee with a written "Warning Notice of Substandard Performance." The warning notice shall provide for an improvement period of no less than 30 days and no more than 120 days. The warning notice may be issued at any time during the review period. Ordinarily, the warning period may not extend beyond the employee's review date. However, if the warning notice is issued less than 30 days

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from the employee's review date, the performance review date shall be advanced up to 90 days.

- B. The rater and employee should participate in drafting a work improvement plan. The work improvement plan should include a list of ways to improve the deficiencies and other appropriate performance related recommendations. In those instances where the rater and employee cannot agree upon the content of the work improvement plan, the rater's decision shall be final.
- C. During the warning period, the employee and the rater shall have regularly scheduled meetings during which they shall discuss the employee's progress. Documentation is required to verify that these counseling sessions were held. Copies of this documentation shall be placed in the employee's official personnel file and given to the employee upon request.
- D. If the employee's performance is rated "successful" or above, on all essential job functions or objectives, which significantly impact performance, noted in the warning notice by the end of the warning period, employment shall continue. If the employee is rated "unsuccessful" on any essential job function or objective which significantly impacts performance as noted in the warning notice by the end of the warning period, the employee shall be removed from the position immediately (i.e. terminated, reassigned, or demoted).
- E. Once a time frame for improving substandard performance has been given, the employee must receive a written appraisal prior to the end of the warning period or the employee will receive a "successful" rating by default.
- F. If an employee has been issued two warning notices within 365 day period and performance drops to a substandard level on any essential job function/objective, which significantly impacts performance for a third time within a 365 day period, the employee shall be removed from the position upon the third recurrence of such substandard performance by issuing the "unsuccessful" appraisal. A warning notice is not required on the third occurrence.

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Warning Notice of Substandard Performance

The requirements of a "Warning Notice of Substandard Performance" are:

- A. The notice shall be in writing, addressed to the employee, labeled as a "Warning Notice of Substandard Performance," and signed by the employee (witnessed, if employee will not sign).
- B. The notice shall list the job function(s) and/or objective(s) included on the employee's planning document that are considered "unsuccessful," with an explanation of the deficiencies for each job function and/or objective.
- C. The notice shall include the time period for improvement and the consequences if no improvement is noted (i.e. terminated, demotion, or reassignment).
- D. The notice shall include a plan for meetings to discuss employee progress during the warning period.

A copy of the notice shall be given to the employee and placed in the employee's official personnel file.

Method for Determining the Overall Rating

The method used for determining the overall rating is based on a weighted system provided by the Office of Human Resources using a point value and range. During the planning stage the rater and employee should determine a weight for each individual job function and objective, when used. Performance characteristics will not be given a numerical score, but will be given a rating of "pass" or "fail."

At the end of the performance review period, the rater assigns a rating level to the individual job functions and objectives, when used. Computations are performed with the final numerical score determined.

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<u>Performance Level</u>	<u>Point Value</u>	<u>Range</u>
Exceptional Performance Rating (EPR)	3	2.5 and above
Successful Performance Rating (SPR)	2	1.5 to 2.4
Unsuccessful Performance Rating (UPR)	1	1.4 and below

** Justification required for a rating of either "exceptional" or "unsuccessful."*

EXAMPLE:	<u>Weight Factor</u>	<u>Rating</u>	<u>Numerical Score</u>
4 Duties	30%	EPR (3)	$30 \times 3 = 90$
	25%	SPR (2)	$25 \times 2 = 50$
	25%	EPR (3)	$25 \times 3 = 75$
	20%	SPR (2)	$20 \times 2 = 40$
	100%		255

Divide 255 by 100 = 2.55 = EPR or Exceptional Performance Requirements.

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MEMORANDUM

TO: Agency Heads and Human Resources Directors of All Agencies, Boards, Commissions, and Higher Education Institutions

FROM: Samuel L. Wilkins, Director
Office of Human Resources

DATE: September 21, 2009

SUBJECT: Revised Model Policies

In addition to a review of the State Human Resources Regulations, the Office of Human Resources has reviewed and updated two of the five model policies. First, we have amended the Employee Performance Management Systems (EPMS) Model Policy to include three rather than four levels of performance. With this change, the standard will be a three level rating system. Agencies may elect to use more than the three levels of performance; however, the agency will need to convert the additional level(s) to the three level rating scale. For example, if an agency chooses to retain the fourth level (substantially exceeds), the agency's policy would need to include a statement explaining the fourth level would be recognized the same as the third level when recording the information into the Central Human Resources Data System (HRIS or SCEIS).

As referenced in the paragraph above, an agency using more than three levels of performance will need to convert the additional level(s) in the Reduction in Force (RIF) Policy. To address a recent legal concern, we have amended the RIF Model Policy to include a secondary tie breaker. We encourage you to review these two policies and if necessary, update your policies for review and approval by the Office of Human Resources.

The revised model policies will be effective on **November 1, 2009** concurrent with the effective date of the changes to the State Human Resources Regulations. If you have any questions, please feel free to contact your HR Consultant.

SLW/hp

Enclosures

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MEMORANDUM

TO: Agency Heads and Human Resources Directors of All Agencies, Boards,
Commissions, and Higher Education Institutions

FROM: Samuel L. Wilkins, Director
Office of Human Resources

DATE: September 21, 2009

SUBJECT: Human Resources Regulations Changes

The changes to the State Human Resources Regulations will become effective **November 1, 2009**. As a result, OHR would like to remind agencies to plan ahead by reviewing and revising policies, as needed regarding the following topics.

Leave Policies

In reviewing your leave policies, you will need to remove any references to the **annual leave** accrual date adjusting for periods of leave without pay. With the revised regulations, the annual leave accrual date will only adjust to reflect periods when there is a break in service.

In advancing up to 15 days of additional **sick leave**, please ensure the employee understands if he separates employment before satisfying the sick leave deficit, and later returns to state employment, the leave deficit will need to be satisfied upon reemployment.

With regards to **extended disability leave**, the regulations no longer differentiate whether the leave is with or without pay. The regulation only allows the employee to request leave not to exceed a period of 180 calendar days for any certified illness. Extended disability can no longer be taken on a workday basis. If an employee is currently on extended disability leave, the current HR Regulation would apply. The new HR Regulation would apply for any employee that starts extended disability leave on or after November 1, 2009.

In reviewing **organ donor leave**, the leave will no longer be awarded on a fiscal year basis. The statute and regulations designate this leave on a calendar year basis similar to all other types of leave. Organ donor leave may not exceed a total of 30 regularly scheduled workdays in any one calendar year.

Holiday Policies

You will need to review any policies or schedules regarding holidays. Please ensure that Christmas Eve has been added as a legal holiday due to the recent statutory change. The regulations now clarify an employee must be in a paid status the day before a holiday in order to be paid for the holiday. Previously, when a holiday fell on a Saturday or Sunday an employee who worked on a Saturday or Sunday would observe the holiday on the actual day. Those employees will now observe the holiday similar to all other state employees on the designated holiday. Additionally, the regulations have changed the process for extending holiday compensatory time. In the past, an agency would request an extension from OHR. This regulation now allows the Agency Head or designee to grant a 90-day extension of holiday compensatory time.

Employee Performance Management System (EPMS) Policies

There have been several changes to maintenance of performance review dates in the Employee Performance Management System. Historically, these dates have been adjusted during extended periods of leave without pay. In the future, if an employee is on approved **leave with or without pay** for more than 30 consecutive workdays, the performance review date may be advanced up to 90 calendar days after those first 30 workdays. When a "Warning Notice of Substandard Performance" is given within 30 calendar days of a covered employee's performance review date, the performance review date shall be advanced up to 90 calendar days. The regulations previously provided for the advancement of the performance review date when an employee was transferring to another agency but remaining the same classification within six months or less of his review date. This regulation has been expanded to include the reassignment of a covered employee in the same class within the same agency.

HRIS will be reprogrammed to reflect the regulation changes. Please evaluate your agency's systems that may require modification due to these upcoming changes. OHR has revised the EPMS and Reduction in Force (RIF) model policies and will send the amended policies in a separate memorandum. The changes will be effective on **November 1, 2009** concurrent with the effective date of the changes to the State Human Resources Regulations.

If you have any questions concerning these changes, please contact your consultant.